UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90979 018 ***150.00

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1. Entity Name

MARCUS CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8221 W GLADES RD		8221 W GLADES RD	
Suite, Apt. #, etc. SUITE 210 C		Suite, Apt. #, etc. SUITE 210 C	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33434	Country USA	Zip 33434	Country USA

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4. FEI Number 65-1142681 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. **Name and Address of Current Registered Agent**

Name MARCUS ROY

Street Address (P.O. Box Number is Not Acceptable) 8221 W GLADES RD SUITE 210C

City BOCA RATON **FL** Zip Code 33434

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST	TITLE	
NAME	MARCUS ROY	NAME	
STREET ADDRESS	8221 W GLADES RD SUITE 210 C	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Roy Marcus 4-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

5615588889