**FILED** 

Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90099 036 \*\*\*150.00

**2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P01000099253 **DOCUMENT #** 1. Entity Name MARCUS CONSULTING, INC.



Principal Place of Business

Mailing Address

8221 W GLADES RD #208-3 BOCA RATON FL 33434		8221 W G	8221 W GLADES RD #208-3 BOCA RATON FL 33434				L 1880/1881 SIN 880/81 SIND IN 880/8 880/8	<b>           </b>	41 <b>0</b> 10110 (0110 )ri	<b>iði d</b> el <b>ni</b> fell l <b>ar</b> i
2. Principal	Place of Business	3. Mailing	3. Mailing Address							
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
Oite B Ot							CHECK HERE I	F MAKI	ng Change	S
City & State		City & S	City & State			4.	FEI Number 65-1142681			Applied For
Zip	Country	Zip	Coun	Country		Certificate of Status Desired		\$8.75 A		
	6. Name and Address of Curren	nt Registered A	gent	Щ.	<del></del>	7.	Name and Address of New Re	nistere	Fee Requi	red
MADONO	DOV					ame				
MARCUS	•		Street Add			ddraee (P.O. F	Box Number is Not Acceptable)			
	GLADES RD #208-3		Sileet Addre			udiess (F.O. E				
BOCA RA	ATON FL 33434				ļ		·			·
					City	<del>.</del>	<del></del>		Zip Co	
8. The above	e named entity submits this statement f	for the nurnose	of changing its	rogintor	d office as					
the obliga	tions of registered agent.	or the purpose t	Ji Changing its	registere	ed office of	registered ag	lent, or both, in the State of Flori	da. La	m familiar with	n, and accept
SIGNATURE										
0.0.0.0	Signature, typed or printed name of registered agen	nt and title if applicable	(NOTE	E: Registered	d Agent signatu	re required when re	einstating)	DATE	· ·	<u> </u>
Afte	FILE NOW!!! FEE IS \$150,00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	of State	e i sau		<u>-</u> -	ران او الرسيد	9. Election Campaign Fina Trust Fund Contribution.	ncing	\$5.	00 May Be
10.	OFFICERS AND	. 1				AC	L DITIONS/CHANGES TO OFFIC	EDC AN	ID DIDECTOR	30 IN 44
TITLE	DPST		☐ Delete	TITLE	I	7	DITIONS/OFFMALS TO OFFIC	Eno Ai	Change	AS IN 11
NAME	MARCUS, ROY			NAME	1				Literaty	[_] Addition
STREET ADDRESS CITY-ST-ZIP	8221 W GLADES RD #208-3 BOCA RATON FL 33434				T ADDRESS					
TITLE	DUCK RATUN FL 33434			CITY-	ST-ZIP					
NAME		I	☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS				NAME STREE	T ADDRESS					
CITY-ST-ZIP	<u></u>			CITY-S						
TITLE			☐ Delete	TITLE					☐ Change	Addition
NAME				NAME	[				L Grange	Adding
STREET ADDRESS CITY-ST-ZIP					T ADDRESS					
TITLE				CITY-S	ST-ZIP	<u> </u>				
NAME		L	Delete	TITLE					Change	☐ Addition
STREET ADDRESS	- <del></del> ,			NAME → STREET	ADDRESS =					
CITY-ST-ZIP	· _			CITY-S	•		O TO THE OWNER OF THE OWNER	<del></del>	-	
TITLE		[	Delete	TITLE			-		☐ Change	Addition
NAME				NAME	- 1				☐ Olidligo	Muonion
STREET ADDRESS CITY-ST-ZIP					ADDRESS					
ITLE .	<del></del>		<del></del>	CITY-S	T-ZIP		<del>.</del>		. 10	
IAME		L	□ Delete	TITLE					☐ Change	☐ Addition
TREET ADDRESS					ADDRESS					
ITY-ST-ZIP				07772	7.00(1.00)					i

12. I hereby certify that the information supplied with this filling 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 Block 11 if

SIGNATURE: \_\_