

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000099502

1. Entity Name

MARK E. CHALKLEY & ASSOCIATES, INC.

Principal Place of Business

3020 N. FEDERAL HWY. STE. 11-B
FT. LAUDERDALE FL 33306

Mailing Address

3020 N. FEDERAL HWY. STE. 11-B
FT. LAUDERDALE FL 33306

2. Principal Place of Business

2192 NE 61 CT

3. Mailing Address

2192 NE 61 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Lauderdale FL

City & State

FT. Lauderdale FL

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

65-114529L

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHALKLEY, MARYANN

3020 N. FEDERAL HWY. STE. 11-B
FT. LAUDERDALE FL 33306

Name

Street Address (P.O. Box Number is Not Acceptable)

2192 NE 61 CT

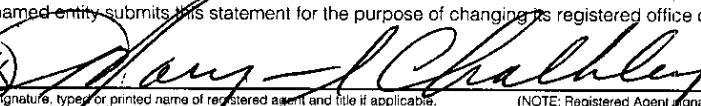
City

FT Lauderdale

FL

Zip Code
33308

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.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

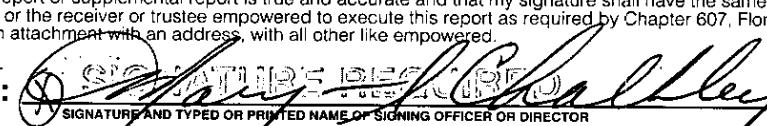
11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHALKLEY, MARYANN 3020 N. FEDERAL HWY. STE. 11-B FT. LAUDERDALE FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2192 NE 61 CT FT Lauderdale FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90061 034 ***150.00



DO NOT WRITE IN THIS SPACE

U.S. GOVERNMENT PRINTING OFFICE 2002 50-1300-000-00000

CR2E034 (9/01)

4-25-02 954-772-5657

Daytime Phone #