2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P92000008971

1. Entity Name

MARKEN ASSOCIATES, INC.



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90108 019 ***150.00

<u></u>					WE TH	^			
Principal Place of Business Mailing Address									
732 NE JENSEN BEACH BLVD JENSEN BEACH FL 34957			732 NE JENSEN BEACH BLVD						
US	MUN FL 3480/		JENSEN BEACH FL 34957 US						
30			us						
2. Principal	Place of Busine	ess	3. Mailing Address			_			
Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & Sta	ate		City & State			4 5	4. FEI Number Applied For		
							65-0379223		opiled For ot Applicable
Zip Country			Zip	Zip Country		5. C	5. Certificate of Status Desired See Required Fee Required		
	6. Name a	and Address of Current R	egistered Agent		1	7. N	ame and Address of New Registered	•	<u> </u>
		ಷ್ಟ್ರೀಯಾಗಿ ಎಂದು ಸ್ಥಾಪ್ತ್ಯ ಇತ್ತುಗಳು ಇತ್ತುಗಳು ಇತ್ತುಗಳು ಇತ್ತುಗಳು ಇತ್ತುಗಳು ಇತ್ತುಗಳು ಇತ್ತುಗಳು ಇತ್ತುಗಳು ಇತ್ತುಗಳು ಇತ್ತ ಇತ್ತುಗಳು	مؤامير يحوار معاصيتين والراماري		- Name -		The second of the Hegistered	myent	
O'BRIEN, J K					Stroot Addre	Street Address (P.O. Box Number is Not Acceptable)			
1108 S.E	E. WESTCHES	TER DRIVE				288 (F.U. BC	P.O. Box Number is Not Acceptable)		
PT ST LI	UCIE FL 3495	2							-
					City			7:- 01	·
0 T					'		FL	Zip Code	
the obliga	re named entity ations of register	submits this statement for t red agent	he purpose of changing	its registere	ed office or reg	istered age	nt, or both, in the State of Florida. I am	amiliar with,	and accept
<u>.</u>		;							
SIGNATURE									
<u> </u>	4.5	printed name of registered agent and	title if applicable. (N	NOTE: Registered	d Agent signature red	quired when rein	stating) DATE		
) j	FILE NOW!!!	FEE IS \$150.00					O Flanking Committee		
After May 1,2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing Trust Fund Contribution:	\$5.00	May Be to Fees
10,	A Payable to I						_		
TITLE .	į.P	OFFICERS AND DI		11.	<u> </u>	ADD	ITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 11
NAME 5	1 '	OHN KENNETH	Delete	TITLE				☐ Change	Addition
STREET ADDRESS		VESTCHESTER DR	•	NAME	ET ADDRESS				
CITY-ST-ZIP		LUCIE FL 34952			ST-ZIP				
TITLE	VPS	. 20012 2 0 1002	☐ Delete	TITLE					
NAME		ARGARET P.	☐ Delete	NAME				☐ Change	☐ Addition
STREET ADDRESS	1108 S.F. W	/ESTCHESTER DR.			T ADDRESS				
CITY-ST-ZIP		LUCIE FL 34952			ST-ZIP				
TITLE			☐ Delete	TITLE			-	Channa	☐ Addison
NAME		رايرانيسا بالمتمولطات		NAME		سرومتينين عقدمن	ريدر البطاري الدي متنبع ينامين المتياميرية الريامين	Change	☐ Addition
STREET ADDRESS				STREE	T ADDRESS				
CITY-ST-ZIP	<u> </u>			CITY-	ST-ZIP				
TITLE]	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE				☐ Change	Addition
NAME				NAME					
STREET ADDRESS	!			STREE	T ADDRESS				
CITY-ST-ZIP	l			CITY-S	ST-ZIP		•		}

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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

☐ Delete

Delete

☐ Change

☐ Change

☐ Addition

Addition