# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 23, 2002 8:00 am**
**Secretary of State**
04-23-2002 90430 021 ***150.00

DOCUMENT # P93000056018

1. Entity Name
MARGE L. DeMARCO, P.A.

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1714 COCONUT DRIVE | 1714 COCONUT DRIVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: FT. PIERCE, FL. | City & State: FT. PIERCE, FL. |
| Zip: 34949 Country: USA | Zip: 34949 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0428105 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

Name: MARGE L. DeMARCO-KNOX

Street Address (P.O. Box Number is Not Acceptable): 1714 COCONUT DRIVE

City: FT. PIERCE FL Zip Code: 34949

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: Marge L. DeMarco-Knox MARGE L. DeMARCO-KNOX 4-12-02
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) X

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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

| | | | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>MARGE L. DeMARCO-KNOX<br>1714 COCONUT DRIVE<br>FT. PIERCE, FL 34949 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marge L. DeMarco-Knox MARGE L. DeMARCO-KNOX 4-12-02 772-466-7064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #