

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035895

1. Entity Name

MARKUS O'GRADY, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90135 031 ***150.00

Principal Place of Business

1012 DUVAL ST
KEY WEST FL 33040

Mailing Address

1012 DUVAL ST
KEY WEST FL 33767-1617

2. Principal Place of Business

607 BAY ESPLANADE

Suite, Apt. #, etc.

3. Mailing Address

607 BAY ESPLANADE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

65-0520514

Applied For

Not Applicable

Zip

33767

Country

USA

Zip

33767

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWNING, MICHAEL L
402 APPELROUTH LN
KEY WEST FL 33040

Name

ANDREA MARKUS-O'GRADY

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

607 BAY ESPLANADE

City

CLEARWATER

FL

Zip Code

33767

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]

ANDREA MARKUS-O'GRADY

2/15/00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	O'GRADY, ANDREA	
STREET ADDRESS	1012 DUVAL ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'GRADY, BRIAN	
STREET ADDRESS	1012 DUVAL ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREA MARKUS-O'GRADY	
STREET ADDRESS	607 BAY ESPLANADE	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN O'GRADY	
STREET ADDRESS	607 BAY ESPLANADE	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] ANDREA MARKUS-O'GRADY

Date

Daytime Phone #

2/15/00 727 449 7039

CR2E034 (9/99)