

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046780

1. Entity Name

JEFFREY J. MARKS, M.D., P.A.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90020 032 ***150.00

Principal Place of Business

Mailing Address

2535 LANDMARK DRIVE
 SUITE 101
 CLEARWATER FL 34621

2535 LANDMARK DRIVE
 SUITE 101
 CLEARWATER FL 33761-3929

2. Principal Place of Business

3023 Eastland Blvd

3. Mailing Address

3023 Eastland Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

112

112

City & State
 Clearwater, FL

City & State
 Clearwater, FL

Zip Country
 33761 Pinellas

Zip Country
 33761 Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3252339

Applied For

Not Applicable

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

MARKS, JEFFREY J
 2535 LANDMARK DR.
 SUITE 101
 CLEARWATER FL 34621

Name

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

City

FL

Zip Code

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, 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 PD ☐ Delete
 NAME MARKS, JEFFREY J
 STREET ADDRESS 2535 LANDMARK DR. #101
 CITY-ST-ZIP CLEARWATER FL 34621

TITLE ☐ Change ☐ Addition
 NAME change address to
 STREET ADDRESS 3023 Eastland Blvd
 CITY-ST-ZIP suite 112
 Clearwater FL 33761

TITLE S ☐ Delete
 NAME MARKS, JEFFREY J
 STREET ADDRESS 2535 LANDMARK DR. #101
 CITY-ST-ZIP CLEARWATER FL 34621

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

JEFFREY J. MARKS, PD

(727) 725-5121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)