

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90196 015 ***150.00

US-536
AV

DOCUMENT # P94000046780

1. Entity Name

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

Principal Place of Business

3023 EASTLAND BLVD
#112
CLEARWATER FL 33761

Mailing Address

3023 EASTLAND BLVD
#112
CLEARWATER FL 33761



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2665 State Rd 580
Suite, Apt. #, etc.

3. Mailing Address

2665 State Rd 580
Suite, Apt. #, etc.

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

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

7. Name and Address of New Registered Agent

Name **Jeffrey J marks**
Street Address (P.O. Box Number is Not Acceptable)
2665 State Rd 580
City **Clearwater** **FL** Zip Code **33761**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARKS, JEFFREY J	
STREET ADDRESS	2535 LANDMARK DR. #101	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARKS, JEFFREY J	
STREET ADDRESS	2535 LANDMARK DR. #101	
CITY-ST-ZIP	CLEARWATER FL 34621	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	marks, Jeffrey J	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	marks, Jeffrey J	
STREET ADDRESS	2665 State Rd 580	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	marks, Jeffrey J	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	marks, Jeffrey J	
STREET ADDRESS	2665 State Rd 580	
CITY-ST-ZIP	Clearwater, FL 33761	
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 REQUIRED

8-8-02 227-25-117

CH2E034 (4/02)

**COUNTRYSIDE
OBSTETRICS & GYNECOLOGY**

JOY WOLFF, M.D.
JEFFREY MARKS, M.D.
REBECCA THIBODEAU, M.D.

Attachment
B0134936

August 7, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Joy Wolff, M.D.
Document #L90251

Jeffrey Marks, M.D.
Document #P94000046780

To Whom It May Concern,

We have enclosed two checks in the amount of \$150.00 each for each of the above names regarding the 2002 Uniform Business Report.

Please note that our address has changed, which may have interfered with our receiving the notices in a timely fashion. The enclosed forms are the only ones that we received, and we have acted on them as quickly as possible.

We have corrected our information on the reports, and ask that you please update your records as to our present address for the future.

Thank you for your attention to this matter.

Sincerely,


Kelly DeFesec
Office Manager

2665 STATE ROAD 580, CLEARWATER, FL 33761

phone 727.725.5121

fax 727.725.5417

A DIVISION OF TAMPA BAY WOMEN'S CARE