

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90025 032 ***150.00

DOCUMENT # P95000068264

1. Entity Name
MARKET AVENUE, INC.

Principal Place of Business
128 CUYAHOGA ROAD
LAKE WORTH FL 33467

Mailing Address
128 CUYAHOGA ROAD
LAKE WORTH FL 33467



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3057 LUCERNE PARK DR
 Suite, Apt. #, etc.

3. Mailing Address
3057 LUCERNE PARK DR
 Suite, Apt. #, etc.

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

4. FEI Number
65-0613828

Applied For
☐ Not Applicable

Zip
33467

Country
P.B.

Zip
33467

Country
P.B.

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

BRAUN, JACK W
128 CUYAHOGA ROAD
LAKE WORTH FL 33467

Name
 Street Address (P.O. Box Number is Not Acceptable)
3057 LUCERNE PARK DR.
 City **LAKE WORTH** **FL** Zip Code **33467**

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 *Jack W. Braun* *Jack W. Braun D.*
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, 2002 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** ☐ Delete
 NAME **BRAUN, JACK W**
 STREET ADDRESS **128 CUYAHOGA ROAD**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE **D** ☐ Delete
 NAME **BRAUN, L. KATHLEEN W**
 STREET ADDRESS **128 CUYAHOGA ROAD**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

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

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: *Jack W. Braun* *Jack W. Braun* *1-18-02* *261-964-4268*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #