## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9600006539

1. Entity Name

GEORGE T. MARKS, D.D.S., P.A.



## FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90217 044 \*\*\*150.00

MARKS, GEORGE   Substance of Durings   Subs					ļ					
2. Principal Place of Business   S. Malling Address   Suite April #, doc   Suite   Sui	111 BRINY AVEN	IUE	111 BRINY AVENUE							
City & State  City & State  Country  Country  Country  So Country	2. Principal Place of Business		3. Malling Address						#13## #11## 111	
City & State    City & State   City	Suite, Apt. #, etc.		Suite, Apt. #, etc.							
S. Name and Address of Current Registered Agent  8. Name and Address of Name Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Statest Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip  City  FL  Zip Code  City  F	City & State		City & State				4. FEI Number 65-0718900		Not	Applicable
MARKS, GEORGE T  111 BRINY AVENUE POMPANO BEACH FL 33062  City  FL  Zip Code  City  FL	Zip	Country	Zip		Coun	try		□ Fe	e Required	
MARKS, GEORGE T  111 BRINY AVENUE  POMPANO BEACH FL 33062  City FL Zip Codo  FLE NOWITH. FEE IS \$150.00  After May 1, 2037 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  TILE  MARK  SIRET ADDRESS  CITY-S1-2P  TILE		6. Name and Address of Currer	nt Registered	Registered Agent			7. Name and Address of New Registered Agent			
THE RINY AVENUE POMPANO BEACH FL 33062  City  City  FL  Zip Code  State City  FL  Addition  Fl  FL  City  FL  City  FL  City  FL  City  FL  City  FL  FL  FL  City  FL  FL  FL  City  FL  FL  FL  FL  FL  FL  FL  FL  FL  F						Name				
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 or registered agent.  SIGNATURE    The Now!!! FEE IS \$150.00				Street Addres			s (P.O. Box Number is Not Acceptable)			
SIGNATURE    Signature foreign transe of registered agent and size if appricable (NOTE Registered Agent signature required when remaining)   CATE	POMPANO	BEACH FL 33062				City		FL	Zip Code	,
SIGNATURE    Signature foreign transe of registered agent and size if appricable (NOTE Registered Agent signature required when remaining)   CATE		<u></u>		<u>.</u>		1 "	heath in the State of Flor		miliar with #	and accept
### FILE NOW!!!. FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00   Make Check Payable to Florida Department of State    11.	8. The above the obligation	named entity submits this statement ons of registered agent.	for the purpos	se of changing its	s register	ed office or regis	stered agent, or both, in the State of Pior	ua. Tamiai	Timed William	
Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	SIGNATURE _	Signature, typed or printed name of registered age	ant and title if applic	able. (NO	TE: Register	ed Agent signature requ	uired when reinstating)	DATE		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

954-783-4627

Daytime Phone #