

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0116202 AV

DOCUMENT # **P96000087269**

1. Entity Name

MAI & ASSOCIATES, INC. OF SOUTH FLORIDA



Principal Place of Business

**438 SADDLE BAY LOOP
OCOE FL 34761**

Mailing Address

**P O BOX 381
OCOE FL 34761**

FILED

03 OCT 31 AM 10:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3405152**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARKS, BRIAN S
438 SADDLE BAY LOOP
OCOE FL 34761**

7. Name and Address of New Registered Agent

Name

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

**200024343382
10/31/03--01108--010 **150.00**

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

SIGNATURE

Brian S. Marks

BRIAN S. MARKS

10-23-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MARKS, BRIAN A**
STREET ADDRESS **438 SADDLE BAY LOOP**
CITY-ST-ZIP **OCOE FL 34761**

TITLE **TCD** ☐ Delete
NAME **MARKS, BRIAN S**
STREET ADDRESS **438 SADDLE BAY LOOP**
CITY-ST-ZIP **OCOE FL 34761**

TITLE **SD** ☐ Delete
NAME **MARKS, CHARLINE B**
STREET ADDRESS **438 SADDLE BAY LOOP**
CITY-ST-ZIP **OCOE FL 34761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *Brian S. Marks* **BRIAN S. MARKS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-03

Date

407-654-3224

Daytime Phone #

CR2E034 (4/03)

MAI & ASSOCIATES, INC. OF SOUTH FLORIDA

ORLANDO, FLORIDA

October 23, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: For Profit Corporation
MAI & ASSOCIATES, INC. OF SOUTH FLORIDA
Document #P96000087269


Dear Sir:

The 2003 Uniform Business Report for the above corporation was not duly filed on time. The person handling this matter had a heart attack and was hospitalized for several weeks.

Attached is a check in the amount of \$150.00 for reinstatement together with the executed Uniform Business Report.

Thank-you for your attention to this matter.

Sincerely,


Brian S. Marks
President