2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 22, 2002 8:00 am Secretary of State P97000052032 DOCUMENT # 1. Entity Name 04-22-2002 90134 005 ***150.00 DONALD S. DEMARCO, P.A. Principal Place of Business Mailing Address 500 EGRET CIRCLE 500 EGRET CIRCLE # 8110 # 8110 **DELRAY BEACH FL 33444** DELRAY BEACH FL 33444 2. Principal Place of Business 3. Mailing Address 1225 S. Oceau 1225 S. Ocean Blud BLUCK, Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 604 604 Applied For City & State City & State 4. FEI Number NOT APPLICABLE 65-075972 Delvan Bear Not Applicable Country Palsu Beau \$8.75 Additional 5. Certificate of Status Desired 33483 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Donald S. Detarco DEMARCO, DONALD S Street Address (P.O. Box Number is Not Acceptable) 2175 S CCEAN BLVD, TH #9 **DELRAY BEACH FL 33483** Zip Code 483 8. The above named ent SIGNATURE Signature, typed or 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) **PVST** Change ☐ Addition TITLE ☐ Delete TITI F De Marcu. Donald S. OF Address DEMARCO, DONALD S NAME NAME CR2E034 1225 9. OCEAH BLVD. #604 STREET ADDRESS 2175 S OCEAN BLVD, TH #9 STREET ADDRESS CITY-ST-ZIP DELRAY BCH FL 33483 CITY-ST-ZIP Delvan Beach, Fla 53483 TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP 13. Thereby certify that the information supplied with this filling 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

FILED