

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90178 004 \*\*\*150.00

**DOCUMENT # P97000074703**

**1. Entity Name**  
**MARKER 88 MORTGAGE, INC.**



**Principal Place of Business**  
**4875 N. FEDERAL HWY**  
**10TH FLOOR**  
**FORT LAUDERDALE FL 33308**

**Mailing Address**  
**4875 N. FEDERAL HWY**  
**10TH FLOOR**  
**FORT LAUDERDALE FL 33308**

**2. Principal Place of Business**  
**2499 GLADES ROAD**

**Suite, Apt. #, etc.**  
**SUITE 112**

**City & State**  
**BOCA RATON, FL**

**Zip**  
**33431**

**Country**

**3. Mailing Address**  
**2499 GLADES ROAD**

**Suite, Apt. #, etc.**  
**SUITE 112**

**City & State**  
**BOCA RATON, FL**

**Zip**  
**33431**

**Country**



☒ **CHECK HERE IF MAKING CHANGES**

**4. FEI Number** **65-0779044**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHILIAN, GERALD**  
**4875 N. FEDERAL HWY**  
**10TH FLOOR**  
**FORT LAUDERDALE FL 33308**

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2499 GLADES ROAD**  
**SUITE 112**  
**City** **BOCA RATON** **FL** **Zip Code** **33431**

**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 (NAME, P.O. Box Number, and signature are required when reinstating)

**4-8-03**

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ **Delete**  
**NAME** **BRADY, S**  
**STREET ADDRESS** **4875 N. FEDERAL HWY 10TH FL**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33308**

**TITLE** **VP** ☐ **Delete**  
**NAME** **WATÁRZ, D A**  
**STREET ADDRESS** **4875 N. FEDERAL HWY 10TH FLOOR**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33308**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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** **2499 GLADES ROAD, #112**  
**CITY-ST-ZIP** **BOCA RATON, FL 33431**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **2499 GLADES ROAD, #112**  
**CITY-ST-ZIP** **BOCA RATON, FL 33431**

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

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
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**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:**

**SIGNATURE REQUIRED**

Signature, typed or printed name of signing officer or director

**4-8-03 561-750-7999**

Daytime Phone #

CR2E034 (10/02)

0394302 AV