

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000076738**

1. Entity Name

GEORGE P. MARCHENKO ENTERPRISES, INC.**FILED****Mar 13, 2001 8:00 am**
Secretary of State

03-13-2001 90311 033 ***150.00

Principal Place of Business

11370 TWELVE OAKS WAY, STE. 211
N. PALM BEACH FL 33408

Mailing Address

11370 TWELVE OAKS WAY, STE. 211
N. PALM BEACH FL 33408**AUU32368**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

74 IRONWOOD WAY N

Suite, Apt. #, etc.

3. Mailing Address

74 IRONWOOD WAY N

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS

City & State

PALM BEACH GARDENS4. FEI Number **65-0780803**

Applied For

Not Applicable

Zip

33418

Country

PB

Zip

33418

Country

PB5. 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

MARCHENKO, GEORGE P
11370 TWELVE OAKS WAY, STE. 211
N. PALM BEACH FL 33408

Name

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

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.

SIGNATURE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHENKO, GEORGE P	NAME	
STREET ADDRESS	11370 TWELVE OAKS WAY, STE. 211	STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL 33408	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/01
Date**561-776-9401**
Daytime Phone #

CR2E034 (10/00)