

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90061 031 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

**GEORGE P. MARCHENKO ENTERPRISES, INC**  
**P 97000076738**

**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.

DO NOT WRITE IN THIS SPACE

City & State

**PALM BEACH GARDENS, FL**

City & State

**PALM BEACH GARDENS, FL**

4. FEI Number

**65-0780803**

Applied For

Not Applicable

Zip

**33418**

Country

**PB**

Zip

**33418**

Country

**PIB**

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**GEORGE P. MARCHENKO**

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

**74 IRONWOOD WAY N**

City

**PALM BEACH GARDENS**

**FL**

Zip Code

**33418**

**DO NOT WRITE  
IN THIS SPACE**

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

*[Handwritten Signature]*

**4/20/02**

DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRES	GEORGE P. MARCHENKO	74 IRONWOOD WAY N.	PALM BEACH GARDENS, FL 33418				

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/02**

DATE

**561-776-9401**

Daytime Phone #

CR2E034B (12/01)