

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000075864**

1. Entity Name
MARC HOWARD CORP.

Principal Place of Business
**4733 NORTH OCEAN BLVD.
SEA RANCH LAKES FL 33308**

Mailing Address
**4733 NORTH OCEAN BLVD.
SEA RANCH LAKES FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0862590**

Applied For
Not Applicable

5. 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

**BLODIG, GREGORY J ESQ.
GREENSPOON, MARDER, HIRSCHFELD
100 WEST CYPRESS CREEK RD., SUITE 700
FT. LAUDERDALE FL 33309**

Name **MARK MICHAELSON**

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

4733 N OCEAN BLVD

City **SEA RANCH LAKES** **FL** Zip Code **33308**

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/31/01

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 State**

10. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D MICHAELSON, WILLIAM 4733 NORTH OCEAN BLVD. SEA RANCH LAKES FL 33308	<input type="checkbox"/>		<input type="checkbox"/>
D MICHAELSON, MARK 4733 NORTH OCEAN BLVD. SEA RANCH LAKES FL 33308	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01

Date

Daytime Phone #

CR2E034 (10/00)

024867

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90071 013 ***150.00



DO NOT WRITE IN THIS SPACE