

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0414240 AV

DOCUMENT # P98000087368

1. Entity Name
MARGE ENTERPRISES, INC.



FILED

03 APR 28 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3275 WEST HILLSBORO BLVD.
SUITE 110
DEERFIELD BEACH FL 33442-9410
US

Mailing Address
3275 WEST HILLSBORO BLVD.
SUITE 110
DEERFIELD BEACH FL 33442-9410
US

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 65-0868276

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, ANTHONY G JR.
3275 W. HILLSBORO BLVD.
STE 207
DEERFIELD BEACH FL 33442

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PD
STREET ADDRESS EISENBERG, MARGARET W
CITY-ST-ZIP 3275 WEST HILLSBORO BLVD., STE. 110
DEERFIELD BEACH FL 33442-9410 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800018464038
CITY-ST-ZIP 05/07/03--01100--001 ***3236.25

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
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:

Margaret W. Eisenberg
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)