

ANNUAL REPORT (AR)

DOCUMENT # P98000098745

1. Entity Name

WILLIAM B. MARCUS INDUSTRIES, INC.



FILED
Jan 31, 2007 08:00 AM
Secretary of State

Principal Place of Business
7233 PROMENADE DRIVE
APT A-601
BOCA RATON FL 33433

Mailing Address
7233 PROMENADE DRIVE
APT A-601
BOCA RATON FL 33433



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

7233 PROMENADE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

601A

City & State

City & State

BOCA RATON FL

Zip

Country

Zip

Country

33433

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 13-2710127

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

MARCUS, WILLIAM B
7233 PROMENADE DRIVE
APT A-601
BOCA RATON FL 33433

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

<p>TITLE NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> Delete</p> <p>MARCUS, WILLIAM B</p> <p>7233 PROMENADE DRIVE, APT A-601</p> <p>BOCA RATON FL 33433</p>	<p>TITLE NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>U000000612106</p> <p>02/02/07-80093-019 150.00</p>
<p>TITLE NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> Delete</p>	<p>TITLE NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #