

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90186 020 ***150.00

DOCUMENT # P98000107357

1. Entity Name
MARKELL & ASSOCIATES REALTY, INC.

Principal Place of Business

**HOLIDAY TOWER #110
 2435 US 19
 HOLIDAY FL 34691**

Mailing Address

**HOLIDAY TOWER #110
 2435 US 19
 HOLIDAY FL 34691**

2. Principal Place of Business

**10637 Quimby Dr
 Suite, Apt. #, etc.**

3. Mailing Address

**10637 Quimby Dr
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
Port Richey, FL

Zip
34668

Country
Pasco

City & State
Port Richey, FL

Zip
34668

Country
Pasco

4. FEI Number
59-3555497

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MARKELL, WILLIAM E
 9806 DIDRIKSON DR
 NEW PORT RICHEY FL 34655**

7. Name and Address of New Registered Agent

Name
Wm. Markell

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

10637 Quimby Dr

City
Port Richey

FL

Zip
34668

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Wm. E. Markell**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/02
 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, 2002 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

TITLE
PSTD
 NAME
MARKELL, WILLIAM E
 STREET ADDRESS
37502 U.S. HIGHWAY 19 NORTH
 CITY-ST-ZIP
PALM HARBOR FL 34684

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Wm. Markell
 10637 Quimby Dr
 Port Richey, FL 34668**

☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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: **Wm. E. Markell**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02
 Date

727 375 5836
 Daytime Phone #

CR2E034 (9/01)