

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90151 011 ***150.00

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DOCUMENT # P99000027815

1. Entity Name
JOHN A. MAKRIS, CPA, PA.



Principal Place of Business
**3425 WOOLBRIGHT ROAD
BOYNTON BEACH FL 33436**

Mailing Address
**3425 WOOLBRIGHT ROAD
BOYNTON BEACH FL 33436**

2. Principal Place of Business
1903 S. CONGRESS AVE.

Suite, Apt. #, etc.
STE. 350

City & State
BOYNTON BEACH, FL

Zip
33426

Country
U.S.A.

3. Mailing Address
1903 S. CONGRESS AVE.

Suite, Apt. #, etc.
STE. 350

City & State
BOYNTON BEACH, FL

Zip
33426

Country
U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0915791**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MAKRIS, JOHN A
20867 CIRPRES WAY
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name: _____
Street Address (P.O. Box Number is Not Acceptable)
**1903 S. CONGRESS AVE.
STE. 350**
City **BOYNTON BEACH** FL Zip Code **33426**

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

John A. Makris

4/28/03

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, 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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MAKRIS, JOHN A 20867 CIRPRES WAY BOCA RATON FL 33433 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

John A. Makris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN A. MAKRIS

4/28/03

Date

561-733-5053

Daytime Phone #

CR2E034 (10/02)