

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90007 019 \*\*\*150.00

**DOCUMENT # P99000031465**

1. Entity Name  
**MARC EGORT, C.P.A., P.A.**

Principal Place of Business  
**1776 N. PINE ISLAND RD  
 STE 317  
 PLANTATION FL 33222**

Mailing Address  
**12859 HYLAND CIRCLE  
 BOCA RATON FL 33428**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**1776 N. PINE ISLAND ROAD**  
 Suite, Apt. #, etc.  
**317**  
 City & State  
**PLANTATION, FLORIDA**  
 Zip  
**33322**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0910772** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SKOP, MICHAEL W  
 12865 W. DIXIE HWY  
 N. MIAMI FL 33161**

**7. Name and Address of New Registered Agent**

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.

SIGNATURE

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	EGORT, MARC	12859 HYLAND CIRCLE STE 317 BOCA RATON FL 33428	1776 N. PINE ISLAND ROAD STE 317 PLANTATION, FL 33322	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

CR2E034 (10/00)

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MARC EGORT, PRESIDENT**

Date **1/2/01**

Daytime Phone # **984.476.6860**