



**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91513 006 ***150.00

DOCUMENT # P99000071019			
1. Entity Name MARCUS STEVILLA, INC.			
Principal Place of Business 1369 MAJESTY TR WESTON, FL 33327		Mailing Address PO BOX 4482 WHEATON, IL 60189	
2. Principal Place of Business <i>1640 Sunset Village Blvd</i>		3. Mailing Address <i>P.O. Box 4315</i>	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.	
City & State <i>Clermont FL</i>		City & State <i>Wheaton, IL</i>	
Zip <i>34711</i>		Zip <i>60189</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 65-0944110		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLUTSKY, STUART M 2600 WESTON ROAD SUITE 220 WESTON, FL 33331		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent's signature required when re-registering)	
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEIEGAL, MARK F 1000 TARA COURT WHEATON, IL 60187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		Date: <i>23 April 03</i> <i>630-510-8700</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Copy to Phone #	

CR2E-034 (10/02)