FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90137 001 ***150.00

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073090

1. Entity Name

MARKOVICH ENTERPRISES, INC

Principal Place of Business: 5081 MAHOGANY RIDGE DRIVE

Mailing Address: SAME

80115050

2. Principal Place of Business: 5081 MAHOGANY RIDGE DRIVE

3. Mailing Address: SAME

Suite, Apt. #, etc.

City & State: NAPLES, FLORIDA

Zip: 34119-2527 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3634868 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MARKOVICH, DAVID E
5081 MAHOGANY RIDGE DR
NAPLES, FL., 34119

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 ____ 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, 2003 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
PSD	MAKOVICH, DAVID E 5081 MAHOGANY RIDGE DRIVE NAPLES, FL., 34119-2527 ☐ Delete		☐ Change ☐ Addition
D	MARKOVICH, CHRISTINE D 5081 MAHOGANY RIDGE DRIVE NAPLES, FL., 34119-2527 X Delete	D	MARKOVICH, CHRISTINE D 5081 MAHOGANY RIDGE DRIVE NAPLES, FL., 34119-2527 X Change ☐ Addition
	☐ Delete		☐ Change X Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: [signature] DAVID E MARKOVICH, PRESIDENT 04-28-03 (239) 455-3034

Signature and typed or printed name of signing officer or director — Date — Daytime Phone #