

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90275 046 ***150.00

0163108 AV

DOCUMENT # P99000097146

1. Entity Name

MARKER 85.5 CORP.

Principal Place of Business

**84341 OLD HWY
 ISLAMORADA FL 33036**

Mailing Address

**84341 OLD HWY
 ISLAMORADA FL 33036**

2. Principal Place of Business

3. Mailing Address

85401 Overseas Hwy

Suite, Apt. #, etc.

Islamorada

City & State

Florida

Zip

33036

Country

Monroe

City & State

Florida

Zip

33036

Country

Monroe

City & State

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Monroe



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0959682**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMORTE, VICTOR
 84341 OLD HWY
 ISLAMORADA FL 33036**

Name **La Morte, Victor**

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

85401 Overseas Hwy

City **Islamorada**

FL

Zip Code

33036

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

Signature typed or printed name of registered agent and title if applicable.

Victor LaMorte Pres

(NOTE: Registered Agent signature required when reinstating)

5-01-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **LAMORTE, VICTOR**
 CITY-ST-ZIP **84341 OLD HWY
 ISLAMORADA FL 33036**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **CLARK, JOHN**
 CITY-ST-ZIP **84341 OLD HWY
 ISLAMORADA FL 33036**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Victor LaMorte Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(305) 664-3380
 5-01-02**

CR2E034 (9/01)