2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State
08-21-2001 90030 035 ***550.00

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DOCUMENT # S93560

1. Entity Name
LAW OFFICE OF SHERILYNNE MARKS, P.A. ✓

Principal Place of Business	Mailing Address
~~1325 S. CONGRESS AVE.~~	~~1325 S. CONGRESS AVE.~~
~~236~~	236
~~BOYNTON BEACH FL 33426-5873~~	~~BOYNTON BEACH FL 33426-5873~~
US	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3415 Woolbright Rd.	3415 Woolbright Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, FL	City & State: Boynton Beach Fl
Zip: 33436 Country:	Zip: 33436 Country:

4. FEI Number 65-0295018 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUTHER, SHERILYNNE M
~~1325 S. CONGRESS AVE.~~ 3415 Woolbright Rd
~~STE 224~~ Boynton Beach, FL 33436
~~BOYNTON BEACH FL 33436~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 3415 Woolbright Rd.
City Boynton Beach FL Zip Code 33436

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] DATE 7/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARKS, SHERILYNNE ~~1325 S. CONGRESS AVE.~~ ~~BOYNTON BEACH FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3415 Woolbright Rd Boynton Beach, Fl 33436	☑ Change ☐ Addition
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CR2E034 (5/01)

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] Sherilynne Marks 7/10/01 561-732-8323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #