2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State
04-15-2002 90063 021 ***150.00

C380364 AV

DOCUMENT # **S93560**

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

Principal Place of Business	Mailing Address
3415 WOOLBRIGHT ROAD BOYNTON BEACH FL 33436 US	3415 WOOLBRIGHT ROAD BOYNTON BEACH FL 33436 US

D

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1325 S. Congress Ave		1325 S. Congress Ave	
Suite, Apt. #, etc.: Suite 114-B		Suite, Apt. #, etc.: Suite 114-B	
City & State: Boynton Beach Fl		City & State: Boynton Beach Fl	
Zip: 33426	Country: US	Zip: 33426	Country: US

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~~
3415 WOOLBRIGHT ROAD
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1325 S Congress Ave Ste 114-B

City Boynton Beach FL Zip Code 33426

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 Sherilynne Marks 4/4/02
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P MARKS, SHERILYNNE 3415 WOOLBRIGHT ROAD BOYNTON BEACH FL 33436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1325 S. Congress Ave Ste 114-B Boynton Beach Fl 33426	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: Sherilynne Marks 4/4/02 561-732-8323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #