2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Mar 24, 2003 8:00 am § Secretary of State

1. Entity Na	ame	# 767873 GATION OF MARCO		03-24-2003 90201 009 ****61.2						
Principal Place of Business 991 WINTERBERRY DRIVE MARCO ISLAND FL 34145 US		Mailing Address 991 WINTERBERRY DRIVE MARCO ISLAND FL 34145 US		the season of th						
2. Principal	Place of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
				CHECK HERE IF MAKING CHANGES						
City & State		City & State			4. FEI Number 59-2281355 Applied For Not Applicab			Applied For Not Applicable	$\frac{1}{1}$	
Zip		Country	Zip	Country		5. Certificate of	Status Desired	S8.75 Ac	dditional	1
	6. Name	and Address of Curren	t Registered Agent			7 Name and A	dress of New Reg	,	eu	┧
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BLOOM, MILLARD D			· · · · · · · · · · · · · · · · · · ·	_ Name						1
	IOSA COURT			Stre	et Address (F	P.O. Box Number is	Not Acceptable)			
MANCU	ISLAND FL	34145	<i>;</i> ;							
			••	City				FL Zip Coo		1
8. The above	e named entity ations of regist	submits this statement for	or the purpose of changing i	ts registered offic	e or registere	ed agent, or both, i	n the State of Floric	da. I am familiar with	, and accept	1
trie obliga	ations of regist	ered agent.	\bigcirc 0						•	l
	1 W	Mary VI	e Than					• · · ·		l
SIGNATURE	V // S							7		1
	Signature, typed	or printed name of registered agent	t and title if applicable. (NC	TE: Registered Agent si	ionature required :	when reinstating)	3-21-0			
·· 	Signature, typed	or printed name of registered agent	t and title if applicable. (NC	TE: Registered Agent si	ignature required	when reinstating)	3-41-0	DATE		
<u> </u>					·			DATE	•	
		FEE IS \$61.25	9. Election Ca	ote: Registered Agent si ampaign Financin Contribution.	 ng	\$5.00 May Be Added to Fees	Make	DATE Check Payable	to State	
<u> </u>		FEE IS \$61.25	9. Election Ca Trust Fund	ampaign Financin Contribution.	ng 🗆	\$5.00 May Be Added to Fees	Make Florida	Check Payable Department of	State	
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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 617, 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:

| SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | S