

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849108

1. Entity Name
MARLBORO INDUSTRIAL PARK, INCORPORATED

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90078 003 ***150.00

Principal Place of Business 255 DIESEL RD ST AUGUSTINE FL 32086 US	Mailing Address 200 LAURA STREET JACKSONVILLE FL 32202-3500
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 22-1710941	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

F&L CORP
200 LAURA STREET
JACKSONVILLE FL 32202

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 _____ (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, 2000 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: PD NAME: LUHRS, JOHN H STREET ADDRESS: P.O. BOX 1030, ROUTE 441 N/A CITY-ST-ZIP: ALACHUA FL 32615 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: LUHRS, WARREN R STREET ADDRESS: P.O. BOX 1030, ROUTE 441 N/A CITY-ST-ZIP: ALACHUA-FL 32615 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: DINGLER, BRIAN STREET ADDRESS: 255 DIESEL RD CITY-ST-ZIP: ST AUGUSTINE FL 32086 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: ASH, RICHARD STREET ADDRESS: 255 DIESEL ROAD CITY-ST-ZIP: ST. AUGUSTINE FL <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: MCOMBER, RICHARD STREET ADDRESS: 54 SHREWSBURY AVENUR CITY-ST-ZIP: RED BANK NJ 07701 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: SPIRES, CHARLES STREET ADDRESS: P.O. BOX 1030 RT 441 N/A CITY-ST-ZIP: ALACHUA FL 32615 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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] Asst. Secretary Date: 4/18/00 Daytime Phone #: 732-842-6500

CR2E034 (9/99)