

DOCUMENT # F00000001725

1. Entity Name
MARSCO INDUSTRIES, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90098 049 ***150.00

Principal Place of Business Mailing Address
7283 SOUTHPORT DR. 7283 SOUTHPORT DR.
BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 22-2259675 Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PECKER, ROBERT
260 SEAVIEW COURT #1703
MARCO ISLAND FL 34145

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 _____ DATE _____
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 \$150.00
After MAY 1, 2001 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	PC	<input type="checkbox"/> Delete
NAME	PECKER, SUSAN	
STREET ADDRESS	260 SEAVIEW COURT #1703	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PECKER, ALLISON	
STREET ADDRESS	277 FAIRFIELD ROAD #207	
CITY-ST-ZIP	FAIRFIELD NJ 07004	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PECKER, MICHELLE	
STREET ADDRESS	277 FAIRFIELD ROAD #207	
CITY-ST-ZIP	FAIRFIELD NJ 07004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] 1-3-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/00)