

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90674 019 ***150.00

0091772 AV

DOCUMENT # **F94000004614**

1. Entity Name
MARRICK TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
P.O. BOX 950940 P.O. BOX 950940
LAKE MARY FL 32795 LAKE MARY FL 32795



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **PO Box 910464**
 Suite, Apt. #, etc.

City & State City & State 4. FEI Number **59-2896585** Applied For
SAN DIEGO, CA Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional
92191-0464 SAN DIEGO Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
KELLY, MARK F Name **KELLY, MARK F**
481 AUTUMN OAKS PL. Street Address (P.O. Box Number is Not Acceptable) **1876 MARKHAM PRESERVE TRAIL**
LAKE MARY FL 32746 City **SANFORD** FL Zip Code **32771**

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 **3-3-02**
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. **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 KELLY, MARK F 5171 RUETTE DE MAR SAN DIEGO CA 92130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZARR, RICHARD F 481 AUTUMN OAKS PL LAKE MARY FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition ZARR, RICHARD F 1876 MARKHAM PRESERVE TRAIL SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY, LINDA 5171 RUETTE DE MAR SAN DIEGO CA 92130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZARR, ELEANOR 2209 CITRUS VALLEY CIR. PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition ZARR, ELEANOR 920 HUNTERS CREEK DR. 24302 DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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]* DATE **3-3-02** DAYTIME PHONE # **858-720-0746**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)