

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90044 031 \*\*\*158.75

0559874

**DOCUMENT # M13726**

1. Entity Name  
**MARADER, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>4545 PLEASANT HILL RD<br/>         SUITE 108<br/>         KISSIMMEE FL 34759<br/>         US</b> | Mailing Address<br><b>4545 PLEASANT HILL RD<br/>         SUITE 108<br/>         KISSIMMEE FL 34759<br/>         US</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |  |  |                                       |  |
|--------------------------------|--|---------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business |  | 3. Mailing Address  |  | 4. FEI Number <b>59-2527695</b>            |  | Applied For                           |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <b>XX</b> |  | <b>\$8.75</b> Additional Fee Required |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <b>XX</b> |  | Applied For                           |  |
| Zip                            |  | Zip                 |  | 5. Certificate of Status Desired <b>XX</b> |  | Not Applicable                        |  |
| Country                        |  | Country             |  | 5. Certificate of Status Desired <b>XX</b> |  | Applied For                           |  |

|   |  |  |  |  |  |          |  |
|---|--|--|--|--|--|----------|--|
| 6. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent        |  |          |  |
| <b>FISCHER, MARGARET H<br/>         4545 PLEASANT HILL RD STE 108<br/>         KISSIMMEE FL 34759</b> |  |  |  | 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, 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                      | <b>PD</b>                               | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>FISCHER, LOUIS E.</b>                |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | <b>4545 PLEASANT HILL, SUITE 108</b>    |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | <b>KISSIMMEE FL</b>                     |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | <b>TVSD</b>                             | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>FISCHER, MARGARET H</b>              |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | <b>4545 PLEASANT HILL RD, SUITE 108</b> |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | <b>KISSIMMEE FL</b>                     |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |   |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |   |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |   |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |   |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |   |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |   |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |   |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |   |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |   |                                 |  | 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: *M. Fischer* **Margaret H. Fischer** 04/15/01 407/847-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)