

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90139 023 ***150.00

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1. Entity Name MARLON HOLT, REAL ESTATE BROKER, P.A.



Principal Place of Business 620 SW 7 ST #4 FT LAUDERDALE FL 33315

Mailing Address 620 SW 7 ST #4 FT LAUDERDALE FL 33315



2. Principal Place of Business 38 S. Federal Hwy Suite, Apt. #, etc. 4

3. Mailing Address Same Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State Oania Beach, Fl.

City & State

4. FEI Number 04-3715443

Applied For Not Applicable

Zip 33004

Country Broward

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLT, MARLON 620 SW 7 ST #4 FT LAUDERDALE FL 33315

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]

DATE 2/22/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D NAME HOLT, MARLON STREET ADDRESS 620 SW 7TH STREET, #4 CITY-ST-ZIP FT. LAUDERDALE FL 33315 Correct

~~[Scribbled out information]~~

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TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appendix, with all other like empowers.

SIGNATURE: [Signature]

DATE 2/22/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)