


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/27/2003-90173-022-\$550.00-\$550.00

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DOCUMENT # **P93000008327**

1. Entity Name
~~MARKETS BY DORION, INC.~~
FLSUB-44, INC.



FILED
03 JUN 11 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14826 S MILITARY TR
DELRAY BEACH FL 33484
US

Mailing Address
14826 S MILITARY TR
DELRAY BEACH FL 33484
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
5200 Parkway Plaza

3. Mailing Address
PO Box 241448

Suite, Apt. #, etc.
Suite 140

City & State
Charlotte NC

City & State
Charlotte NC

4. FEI Number **65-0390310**

Applied For
 Not Applicable

Zip **28217** Country **USA**

Zip **28224-1448** Country **USA**

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

6. Name and Address of Current Registered Agent
DORIAN, GLENDA
14826 S MILITARY TR
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent
Name **Corporation Service Corporation**
Street Address (P.O. Box Number is Not Acceptable)
1201 Nays St.
City **Tallahassee** FL Zip Code **32301**

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.
Cynthia L. Harris
as its agent
DATE **6/11/03**

SIGNATURE *Cynthia L. Harris*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORIAN, GLENDA 14826 S MILITARY TR DELRAY BEACH FL 33484 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dario G. Bell PO Box 241448 Charlotte NC 28224-1448 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael Wilson PO Box 241448 Charlotte NC 28224-1448 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robert M. Fatsch PO Box 241448 Charlotte NC 28224-1448 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Secretary R. Joseph Patelunas PO Box 241448 Charlotte NC 28224-1448 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **5/19/03** **704-523-2191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)