

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90038 001 ***158.75

DOCUMENT # P93000068520
 1. Entity Name
MAR-GAR INC.

Principal Place of Business Mailing Address
6440 62ND AVE N **6440-62ND AVEUE NORTH**
#105 **SUITE 105**
PINELLAS PARK FL 33781 **PINELLAS PARK FL ~~34005~~**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip **33781** Country **U**

4. FEI Number **59-3215602** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
STOUT, G R
111 12TH STR
BELLEAIR BCH FL 33786

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 *G. R. STOUT* *G.R. Stout* *January 11/02*
Signature, typed or printed name of registered agent and title if applicable. (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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	STOUT, GARTH R	
STREET ADDRESS	111 12TH ST	
CITY-ST-ZIP	BELLEAIR BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, M.J.	
STREET ADDRESS	111-12TH STREET	
CITY-ST-ZIP	BELLEAIR BEACH FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. A. ANDERSON	
STREET ADDRESS	8001 BEAVER CREEK LOOP	
CITY-ST-ZIP	BAYONET POINT, FLORIDA, 34667	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, M, J,	
STREET ADDRESS	UNIT 1402 - 695 RICHMOND ST.	
CITY-ST-ZIP	LONDON, ONTARIO, CANADA, N6A 5M8	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *G.R. Stout* **G. R. STOUT** *January 11/02* **(727) 5472122**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CRE034 (9/01)