

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90040 028 \*\*\*150.00

**DOCUMENT # P96000050347**

1. Entity Name  
**MARLIN ENERGY, INC.**

<i>Principal Place of Business</i>	<i>Mailing Address</i>
5238 STATE ROAD 54 NEW PORT RICHEY FL 34652 US	5238 STATE ROAD 54 NEW PORT RICHEY FL 34652-6049 US

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	<b>59-2957422</b>	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**ENERSON, NEIL**  
**5022 SHERRY LANE**  
**NEW PORT RICHEY FL 34653**

**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 \_\_\_\_\_ (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, 2000 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>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES, GARRY C</b>	NAME	
STREET ADDRESS	<b>3510 SWANS LANDING</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAND 'O LAKES FL</b>	CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENERSON, NEIL</b>	NAME	
STREET ADDRESS	<b>5022 SHERRY LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEIFERT, RANDY.</b>	NAME	
STREET ADDRESS	<b>19818 COUNTY ROAD 137</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WELBORN FL</b>	CITY-ST-ZIP	
TITLE	<b>TSD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOMASZEWSKI, STEPHANIA</b>	NAME	
STREET ADDRESS	<b>13437 NEPTUNE DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON FL 34667</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	

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: **NEIL ENERSON**

Date: **4/20/00** Daytime Phone #: **(727) 817-0180**

CR2E034 (9/99)