

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90114 004 ***150.00

DOCUMENT # P98000049948

1. Entity Name
MARWALD, INC.

Principal Place of Business 1805 9TH ST N NAPLES FL 34102	Mailing Address 1805 9TH ST N NAPLES FL 34102-4802
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3517362	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
OSWALD, THOMAS G
1771 BERMUDA GREENS BLVD
UNIT 0-5
NAPLES FL 34110

7. Name and Address of New Registered Agent
 Name: **Happney, LORETTA M.**
 Street Address (P.O. Box Number is Not Acceptable): **847 96th Ave N**
 City: **Naples,** State: **FL** Zip Code: **34108**

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: *[Signature]* **LORETTA M. Happney - President/owner**
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, 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	
TITLE: D NAME: OSWALD, THOMAS G STREET ADDRESS: 1771 BERMUDA GREENS BLVD., UNIT 0-5 CITY-ST-ZIP: NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: MARTIN, STEVEN W STREET ADDRESS: 3628 KENT DR. CITY-ST-ZIP: NAPLES FL 34112	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P/D NAME: HAPPNEY, LORETTA M. STREET ADDRESS: 847 96th Ave N CITY-ST-ZIP: Naples, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V/D NAME: Johanning, Vincent P. STREET ADDRESS: 847 96th Ave N CITY-ST-ZIP: Naples, FL 34108	<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
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

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: *[Signature]* **LORETTA M. Happney**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **4/24/00** Daytime Phone #: **(844) 263-7122**

CR2E034 (9/99)