

**FOR PROFIT CORPORATION**  
**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91758 036 \*\*\*150.00

DOCUMENT # P99000085005

1. Entity Name

MARION INTERNATIONAL, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1001 N. US HIGHWAY ONE

3. Mailing Address

1001 N. US HIGHWAY ONE

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

402

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33411

Country

USA

Zip

33411

Country

USA

4. FEI Number

65-0950807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

KIMBERLY LARSON

Street Address (P.O. Box Number is Not Acceptable)

4055 GROVE POINT ROAD

City

Palm Beach Gardens

FL

Zip Code

33410

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, 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
D  
KIMBERLY LARSON  
STREET ADDRESS  
4055 GROVE POINT ROAD  
CITY - ST - ZIP  
Palm Beach Gardens, FL 33410

TITLE  
NAME  
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IN THIS SPACE**

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly Larson KIMBERLY LARSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

661-748-3400

Daytime Phone #