

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90048 034 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000085005**

1. Entity Name  
**MARION INTERNATIONAL, INC.**



Principal Place of Business  
1001 US HIGHWAY ONE SUITE 402  
JUPITER, FL 33477

Mailing Address  
1001 US HIGHWAY ONE SUITE 402  
JUPITER, FL 33477

2. Principal Place of Business  
**4055 GROVE POINT ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**4055 GROVE POINT ROAD**  
Suite, Apt. #, etc.

City & State  
**PALM BEACH GARDENS, FL**  
Zip  
**33410** Country  
**USA**

City & State  
**Palm Beach Gardens, FL**  
Zip  
**33410** Country  
**USA**

4. FEI Number  
**65-0950807**

Applied For  
Not Applicable

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

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

**LARSON, KIMBERLY**  
**4055 GROVE POINT ROAD**  
**PALM BEACH GARDENS, FL 33410**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**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 **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME **D LARSON, KIMBERLY** ☐ Delete  
STREET ADDRESS **4055 GROVE POINT ROAD**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: **Kimberly Larson** **KIMBERLY LARSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03**  
Date

**561-630-9272**  
Daytime Phone #

CR2E034 (10/02)