

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S00232

1. Entity Name  
11784 MARBLESTONE CORP.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90226 027 \*\*\*150.00

Principal Place of Business  
11784 MARBLESTONE COURT  
WELLINGTON FL 33414

Mailing Address  
11784 MARBLESTONE COURT  
WELLINGTON FL 33414-6041

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number 65-0221563  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

SPILLANE, J.P.  
12788 W. FOREST HILL BLVD SUITE 2005  
WELLINGTON FL 33414

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**PD**  
ANDERGEN, KYRA  
11784 MARBLESTONE CT  
W. PALM BEACH FL

☐ Delete

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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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: K. Andersen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KYRA ANDERSEN

K. Andersen April 26/2000  
Daytime Phone #

CR2E034 (9/99)