

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90090 037 ***150.00

DOCUMENT # V55173

1. Entity Name
MARCE EMPRENDIMENTOS, INC.

Principal Place of Business

**4931 ASHLEY PKWY
 SARASOTA FL 34241
 US**

Mailing Address

**1005 MAIN ST
 SUITE 1100
 SARASOTA FL 34230
 US**

2. Principal Place of Business

3. Mailing Address

2381 Fruitville Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

4. FEI Number

65-0354307

Applied For

Not Applicable

Zip

Country

34237

Country

USA

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

**KAHL, RAYMOND W., JR.
 4931 ASHLEY PARKWAY
 SARASOTA FL 34241**

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

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, 2002 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	P	☐ Delete
NAME	KAHL, RAYMOND W. J	
STREET ADDRESS	4931 ASHLEY PARKWAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	☐ Delete
NAME	KAHL, ALAN W.	
STREET ADDRESS	4931 ASHLEY PARKWAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	☐ Delete
NAME	KAHL, CECILIA H.	
STREET ADDRESS	4931 ASHLEY PARKWAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 FEB 02 9419257267

CR2E034 (9/01)