2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H71714

1. Entity Name

MARJON INVESTMENTS, INC.

| | THE CO. |
|---|--|
| | (A) 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15 |
| i | (ARTON N |
| | かん できる 大学 公 |
| | PARTY OF TAXA |
| | - Sale - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1 |
| | 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | は 一点 は 一点 は 日本 は 日 |
| ı | (2.45) (A. 1.45) |
| ı | \.\25C\\\\.\/ |
| ı | \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ |
| ı | COMME |
| ı | WE T |
| | |

FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90023 037 ***150.00

| | | | | | | ' | | | | |
|---|--|---|-----------------------|--|----------------------------|--------------------------------|---|---------|----------------------|-------------------------------|
| Principal Pla 11601 S. OF STE. 101 ORLANDO F | ace of Business RANGE BLOSSOM TR. | Mailing Address 9314 BENTLEY PARK CIR ORLANDO FL 32819 | | | | | | | | |
| US | | , 00 | | | | | | | | |
| Principal Place of Business Address Mailing Address | | | | | | | (| | | |
| Suite, Ap | t. #, etc. | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & Sta | ate | 9314 BENTLEY PARI ORLANDO FL 32819 US 3. Mailing Address Suite, Apt. #, etc. City & State Zip. Zip. Current Registered Agent Current Registered Agent Ered agent and title if applicable. 000 6550.00 ment of State RS AND DIRECTORS Delete CLE Delete Delete Delete | | | | 4. | 4. FEI Number 59-2580388 | | | applied For lot Applicable |
| Ž Zip | Country | . Zip, | 1940 - L | Coun | ntry | 5. | Certificate of Status Desired [| | 8.75 Ac | ditional |
| b. | 6. Name and Address of Current | Registere | ed Agent | | | 7. | Name and Address of New Regis | | | |
| IEDAN EV | / MADIO | | | | Name | | | | | |
| JEBAILEY, MARIO 9314 BENTLEY PARK CIR | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| ORLAND | O FL 32819 | | | | | | | | | |
| | | | | | City | | | FL | Zip Cod | |
| 8. The above the obliga | e named entity submits this statement fo ttions of registered agent. | r the purp | ose of changing its r | egistere | ed office or register | red ag | gent, or both, in the State of Florida. | l am fa | niliar with | , and accept |
| SIGNATURE | | | <u></u> | | | | | | | |
| | <u> </u> | and title if appl | icable. (NOTE: | Registered | d Agent signature required | d when re | reinstating) | DATE | | |
| Afte | FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of | State | | | | | Election Campaign Financir Trust Fund Contribution. | ıg 🗆 | \$5.(Adde | 00 May Be |
| 10. | | | 35 | 11. | | A D | DITIONS (OLIMANS TO OFFICE DE | | | |
| TITLE | PD | | | TITLE | 7 | AU | ODITIONS/CHANGES TO OFFICERS | | ☐ Change | S IN 11 |
| NAME STREET ADDRESS | JEBAILEY, MARIO 9314 BENTLEY PARK CIRCLE | | NAV | | | | | L | change | LJ Addition |
| CITY-ST-ZIP | ORLANDO FL | - | <u>.</u> | | ET ADDRESS ST-ZIP | | | | | ĺ |
| TITLE NAME | SD JEBAILEY, CHARLES | | ☐ Delete | TITLE | , | | - | [| Change | Addition |
| STREET ADDRESS | 9314 BENTLEY PARK CIRCLE | | | NAME STREET | T ADDRESS | | | | | |
| CITY-ST-ZIP | | | | CITY-S | ST-ZIP | ٠, | | | | |
| TITLE NAME | VD Jebailey, antoinette | | ☐ Delete | TITLE | | | | [| Change | ☐ Addition |
| STREET ADDRESS | 9314 BENTLEY PARK CIRCLE | | | NAMÉ STRÉET | T ADDRESS | | | | | |
| CITY-ST-ZIP | ORLANDO FL | | | CITY-S | ST-ZIP | | | | | |
| TITLE NAME | D IEBAN EV JOHN D | | ☐ Delete | TITLE | | | | | Change | ☐ Addition |
| | Jebailey, John D 9314 Bentley Park Avenue | | | NAME | T ADDRESS | | | | | |
| CITY-ST-ZIP | ORLANDO FL | | | CITY-S | | | | | | |
| TITLE | | _, | ☐ Delete | TITLE | | | · · · · · · · · · · · · · · · · · · · | |] Change | ☐ Addition |
| NAME STREET ADDRESS | | | | NAME | | | | _ | , and | |
| CITY-ST-ZIP | | | | STREET CITY-S' | TADDRESS ST-ZIP | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | | Change | ☐ Addition |
| NAME | | | | NAME | | | | L | 1 outsilût | ☐ Addition |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| | | | | CITY-ST | 1-414 | | | | | |

12. I hereby certify that the information supplied with this filling 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: