

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

DOCUMENT # **P93000026039**

1. Entity Name

MARCED INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -3 PM 12:29

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1645 BARTLETT AVE.

Suite, Apt. #, etc.

3. Mailing Address

1645 BARTLETT AVE.

Suite, Apt. #, etc.

200024962532
11/24/03--01027--020 **\$1.25

DO NOT WRITE IN THIS SPACE

City & State
ORANGE PARK, FL.

Zip

32073

Country
CLAY

City & State
ORANGE PARK, FL.

Zip

32073

Country
CLAY

4. FEI Number

59-3187520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **EVULIN L. ARCUAN**

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

5728 ENGLISH OAK DR. JACKSONVILLE

City **JACKSONVILLE**

FL

Zip Code
32244

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

Guelyn L. Smith

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
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT - DIRECTOR
BENJAMIN A. LOMONACO
5728 ENGLISH OAK DR
JACKSONVILLE FL 32244**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY - TREASURER
EVULIN L. ARCUAN
5728 ENGLISH OAK DR
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **BENJAMIN A. LOMONACO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 3 2003

Date

904-375 1142

Daytime Phone #

CR2E034B (12/01)