

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 197747

1. Entity Name
MAR-LES, INC.

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91189 016 ***150.00

Principal Place of Business
131 N BLVD
DELAND FL 35724
US

Mailing Address
P.O. BOX 273
DELAND FL 32721



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-6065776

Applied For
Not Applicable

Zip Country

Zip Country

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

GIBBS, DORIS L.
955 WEST NEW YORK AVE.
DELAND FL 32720

Name Marcia G. Berman
Street Address (P.O. Box Number is Not Acceptable)
210 East Canton Avenue
City Winter Park FL Zip Code 32789

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 *Marcia G. Berman*

April 2, 2002

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 NAME STREET ADDRESS CITY-ST-ZIP
PDT GIBBS, DORIS L. ☒ Delete
955 WEST NEW YORK AVE.
DELAND FL 32720

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VD BERMAN, MARCIA G. ☐ Delete
210 EAST CANTON AVENUE
WINTER PARK FL 32789

TITLE NAME STREET ADDRESS CITY-ST-ZIP
President / Director ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SD GIBBS, LESLIE M. ☐ Delete
131 N. BLVD.
DELAND FL 32724

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

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

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: *Marcia G. Berman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 2002
Date

Daytime Phone #

CR2E034 (9/01)