

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

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90148 038 \*\*\*150.00

DOCUMENT # **218554**

1. Entity Name

MARON AND SON, INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11173 BEACH BLVD.

Suite, Apt. #, etc.

3. Mailing Address

11173 BEACH BLVD

Suite, Apt. #, etc.

**641550**

DO NOT WRITE IN THIS SPACE

City & State  
JACKSONVILLE, FL

Zip  
32216

Country  
DUVAL

City & State  
JACKSONVILLE, FL

Zip  
32216

Country  
DUVAL

4. FEI Number  
59-0858170

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 MARON, LEON

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

11173 BEACH BLVD

City JACKSONVILLE

FL Zip Code  
32216

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.

VTD DAVID MARON

4/15/02

(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  
SDP  
MARON, BERNARD  
1301 S. FIRST ST.  
JACKSONVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MARON, JEANNE V.  
3890 SAN BERNADO DR.  
JACKSONVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VTD  
MARON, DAVID  
1252 CREEK BEND RD.  
JACKSONVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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: DAVID MARON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

904-641-0822

Daytime Phone \*

CR2E034B (12/01)