

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90034 039 ***150.00

DOCUMENT # 238256
 1. Entity Name
DEL F. MARCOTTE & ASSOCIATES, INC.

Principal Place of Business Mailing Address
~~442 W. KENNEDY BLVD.~~ 3965 HENDERSON BLVD
~~300~~ PO BOX 10493
~~TAMPA FL 33606-~~ TAMPA FL 33679-0493
~~US~~ US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2907 Bay To Bay Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
102
 City & State City & State
Tampa, FL

4. FEI Number Applied For
59-0903713 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARCOTTE, DENNIS R
442W KENNEDY BLVD.
300-
TAMPA FL 33606

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2907 Bay To Bay Blvd. Ste. 102
 City State Zip Code
Tampa FL 33629

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 *Dennis Marcotte* DATE **4-19-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	MARCOTTE, FRANCIS J	
STREET ADDRESS	309 MONTE CRISTO BLVD	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	CTD	<input type="checkbox"/> Delete
NAME	MARCOTTE, MAXINE R	
STREET ADDRESS	2403 ARDSON PL	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARCOTTE, DENNIS	
STREET ADDRESS	221 BLANCA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other I am empowered.

SIGNATURE: *Dennis Marcotte* Date **4-19-00** Daytime Phone # **(813) 259-1245**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)