

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90127 019 \*\*\*150.00

**DOCUMENT # 291397**

1. Entity Name  
**MARLIN MANUFACTURING COMPANY, INCORPORATED**



Principal Place of Business  
**7100 OLD CHENEY HWY.  
P.O. BOX 140795 (ZIP - 32814)  
ORLANDO FL 32807**

Mailing Address  
**7100 OLD CHENEY HWY.  
P.O. BOX 140795 (ZIP - 32814)  
ORLANDO FL 32807**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1101428**

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

**ORENDORF, GERALD D  
7100 OLD CHENEY HWY.  
ORLANDO FL 32807**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ORENDORF, GERALD D</b>		NAME		
STREET ADDRESS	<b>8700 RIDGEWOOD AVE. B 204</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 16</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ORENDORF, JANICE C</b>		NAME		
STREET ADDRESS	<b>8700 RIDGEWOOD AVE, SUITE B-204</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ORENDORF, JEFFREY G.</b>		NAME		
STREET ADDRESS	<b>12110 BRUCETON WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32828</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PIGMAN, TRACY, O</b>		NAME		
STREET ADDRESS	<b>4496 SADDLEWORTH CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32826</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/21/03** Daytime Phone # **273-1650**

CR2E034 (10/02)