

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90082 019 ***150.00

DOCUMENT # 384829

1. Entity Name
MARINER PROPERTIES, INC.

Principal Place of Business

**12800 UNIVERSITY DR.
 SUITE 260
 FORT MYERS FL 33907-5343**

Mailing Address

**12800 UNIVERSITY DR.
 SUITE 260
 FORT MYERS FL 33907-5343**

2. Principal Place of Business

13451 McGregor Blvd.

3. Mailing Address

13451 McGregor Blvd.

Suite, Apt. #, etc.

Suite 27

Suite, Apt. #, etc.

Suite 27

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

59-1357268

Applied For

Not Applicable

Zip

Country

Lee

Zip

Country

Lee

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MARINER GROUP, INC.
 12800 UNIVERSITY DR.
 SUITE 260
 FORT MYERS FL 33919**

Name

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

13451 McGregor Blvd., Suite 27

City

Fort Myers

FL

Zip Code
33919

7. Name and Address of New Registered Agent

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.

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP TEN BROEK, ALLEN G 12800 UNIVERSITY DRIVE, #260 FT. MYERS FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LINDA M. SUSZEK 12800 UNIVERSITY DR #260 FORT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	13451 McGregor Blvd., Suite 27 Fort Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13451 McGregor Blvd., Suite 27 Fort Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] 2/12/02 941-481-2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)