## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 431277 **DOCUMENT #**

1. Entity Name

THE MARCELLE BAND CO., INC.



**FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90198 005 \*\*\*150.00

		, , , , , , , , , , , , , , , , , , ,										
Principal Place of Business 1230 TAMARA DR PENSACOLA FL 32504				Mailing Address P.O. BOX 10812 PENSACOLA FL 32524				1 <b>34</b>  113 <b>  11825</b>   13101  11830  13631  180	 	-	14 <b>313</b> 11 <b>313</b> 11 1 <b>33</b> 1	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt	#, etc.	-,-,-	Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				4. FEI Number 13-2624690 Applied For Not Applicate				
Zip	Country		Zip	Zip C		Country		Certificate of Status Desired		\$8.75 A Fee Requi	dditional	
<del></del>	6. Name	and Address of Cu	rrent Register	ed Agent		1	7	Name and Address of New Re	nietered			
					*	Name			gistered	ryent		
KIRK KAI	VIDV VADANI D			<u>چې چې په د چې په ۱۹۵۱</u> ۱۰۰			The same of a contract of the					
Kirk, Karan D 1230 Tamara dr						Street Address (	(P.O. E	Box Number is Not Acceptable)				
		•										
PENSACO	OLA FL 3250	<b>4</b> 💯 🖟 💮				ļ						
						Ĺ <u> </u>						
						City		,	FL	Zip Co	ode	
8. The above	e named entity tions of registe	submits this statem	ent for the purp	pose of changing its	registere	ed office or register	red ag	gent, or both, in the State of Flor	ida. I am 1	amiliar with	n, and accept	
20 mm		Ç.										
SIGNATURE :	Signatura hunad o	-0:	l name and title if a	E				· · · · · · · · · · · · · · · · · · ·				
	Signature, typed di	r printed name of registered	agent and title if app	Dicable. (NOT	E: Registered	d Agent signature required	when r	einstating)	DATE			
After	r May 1, 2003	FEE IS \$150.00 Fee will be \$550 Florida Departme	0.00					9. Election Campaign Fina Trust Fund Contribution	~ <u> </u>		00 May Be ed to Fees	
10.		OFFICERS	AND DIRECTO	I BRS	11.		ΔΓ	L DDITIONS/CHANGES TO OFFIC	LEDG VVID	DIRECTO	DC IN 11	
TITLE	PD			☐ Delete	TITLE	· 1	7.	DEMONS/CHANGES TO OFFIC	JENS AND			
NAME	KIRK, KAR	M D		□ Detele	NAME	į.				☐ Change	☐ Addition	
STREET ADDRESS	1230 TAMA					- Et address						
CITY-ST-ZIP		A FL 32504				-ST-ZIP						
	<b>-</b>							· · · · · · · · · · · · · · · · · · ·			<del></del>	
TITLE	STD	400 D		Delete	TITLE					☐ Change	☐ Addition	
NAME	KIRK, RICH				NAME							
STREET ADDRESS	1230 TAMA				STREE	ET ADDRESS						
CITY-ST-ZIP	PENSACOL	A FL 32504			CITY-	ST-ZIP						
TITLE				☐ Delete	TITLE	-				☐ Change	Addition	
NAME		<u>"`</u>	- · -		NAME							
STREET ADDRESS					STREE	ET ADDRESS						
CITY-ST-ZIP					CITY-	ST-ZIP						
TITLE	<del></del>	Mar		☐ Delete	TITLE			VI- <b>U</b>		Change	Addition	
IAME				L Dereit	NAME					☐ Change	Addition	
TREET ADDRESS						T ADDRESS						
CITY-ST-ZIP						ST-ZIP						
OTI E		·				-						
ITLE IAME				L Delete	TITLE					☐ Change	Addition Addition	
TREET ADDRESS					NAME	<b>I</b>						
ITY-ST-ZIP						T ADDRESS ST-ZIP						
					GRY-	31-ZIF		<del></del>				
ITLE				☐ Delete	TITLE					☐ Change	Addition	
AME					NAME	1						
TREET ADDRESS					STREE	T ADDRESS						
ITY-ST-ZIP					CITY-	ST-ZIP						
2. I hereby c	ertify that the is	nformation supplied	with this filing	does not qualify for	the exem	notion stated in Sec	ction 1	119.07(3)(i), Florida Statutes. I fi	irther certi	fy that the	information	
mulcaled	OH THIS REDUCE O	or subblemental reb	ori is irue and a	accurate and that m	v sionati	ire shall have the s	ama l	onal offect as if made under co	th: that I ar	n an affica	r ar diraatar	
Or tine corp	Solation of the	receiver or trustee on Thent with an addre	empowered to e	execute this report a	s require	ed by Chapter 607,	. Horic	da Statutes; and that my name a	appears in	Block 10 o	r Block 11 if	

Date