## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 18, 2002 8:00 am DOCUMENT # 484467 Secretary of State 02-18-2002 90151 036 \*\*\*150.00 MARLIN CONSTRUCTION AND ENGINEERING, INC. Mailing Address Principal Place of Business 2535 SUCCESS DRIVE 2535 SUCCESS DRIVE DUULDJIJ ODESSA FL 33556 ODESSA FL 33556 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1615906 Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAKER, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 2535 SUCCESS DR ODESSA FL 33556 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition Change ☐ Delete **PSTD** TITLE NAME BAKER, RICHARD W NAMÉ STREET ADDRESS 2535 SUCCESS DRIVE STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP Addition Change TITLE ☐ Delete NAME **GUNSAULLUS, ROBERT HOWARD** NAME STREET ADDRESS 2535 SUCCESS DRIVE STREET ADDRESS CITY-ST-7iP ODESSA FL 33556 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME JACKSON, HARRY NAME STREET ADDRESS STREET ADDRESS 2535 SUCCESS DR CITY-ST-ZIP CITY-ST-ZIP **ODESSA FL 33556** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED

Daytime Phone #