

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90162 025 ***150.00

DOCUMENT # 665383

1. Entity Name
MARGIE'S HOUSE, INC.

Principal Place of Business
14150 N.W. SIXTH COURT
C/O THOMAS DEAN PRESNELL
MIAMI FL 33168-6805

Mailing Address
14150 N.W. SIXTH COURT
C/O THOMAS DEAN PRESNELL
MIAMI FL 33168-6805



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1991869**

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

PRESNELL, THOMAS DEAN
14150 N.W. SIXTH COURT
MIAMI FL

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.

SIGNATURE

[Signature]

4/13/2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PD PRESNELL, THOMAS DEAN** ☐ Delete
 STREET ADDRESS **12205 N.W. SECOND AVE.**
 CITY-ST-ZIP **N MIAMI FL**

TITLE
 NAME **PD Presnell, Thomas Dean** ☒ Change ☐ Addition
 STREET ADDRESS **Miami, FL 33162**
 CITY-ST-ZIP **255 NE 164 ST**

TITLE
 NAME **VSD ALLENSWORTH, MARGIE** ☐ Delete
 STREET ADDRESS **130 NW 123 ST**
 CITY-ST-ZIP **N MIAMI FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME **TD PRESNELL, HONORA** ☐ Delete
 STREET ADDRESS **12205 NW 2ND AVE**
 CITY-ST-ZIP **N MIAMI FL**

TITLE
 NAME **TD Presnell, Honora** ☒ Change ☐ Addition
 STREET ADDRESS **255 NE 164 ST**
 CITY-ST-ZIP **Miami, FL 33162**

TITLE
 NAME **D PRESNELL, TERRY L** ☐ Delete
 STREET ADDRESS **130 NW 123 ST**
 CITY-ST-ZIP **N MIAMI FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2002 305 699 6472

Date

Daytime Phone #

CR2FC24 (9/01)