

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90171 030 ***150.00

DOCUMENT # 678380

1. Entity Name

Marilyn M. Tew, Inc.



DO NOT WRITE IN THIS SPACE

11009621

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2. Principal Place of Business

2100 Country Club Dr

Suite, Apt. #, etc.

Lynn Haven, Fl.

City & State

3. Mailing Address

2100 Country Club Dr

Suite, Apt. #, etc.

Lynn Haven

City & State

Zip
32444

Country
US

Zip
32444

Country
US

4. FEI Number

59-2658292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Marilyn M. Tew

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

2100 Country Club Dr

Lynn Haven, Fl. 32444

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Marilyn M. Tew
2100 Country Club Dr
Lynn Haven, Fl. 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marilyn Tew Marilyn Tew

4/19/03

888-265-2195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #