2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # 724054

1. Entity Name

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME :

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

LEONARD, CURTIS

LOUCKS, MICHAEL

PETRISKO, RICHARD

102 SEAWAY

95 HELEN ST

3429 S PENINSULA DR

DAYTONA BCH FL 32118

DAYTONA BCH FL 32118

BINGHAMTON NY 13905

Principal Place of Business

MARIETTA MANAGEMENT CO., INC.



FILED Aug 17, 2000 8:00 am Secretary of State

08-17-2000 90572 001 ****61.25

3421 S PENINSULA DR 3421 S PENINSULA DR DAYTONA BEACH SHORES FL. 32118-6345 DAYTONA BEACH SHORES FL. 32118-6345 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1631550 Not Applicable \$8.75 Additional Country Zip Country \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number BROOKHART, BARBARA 3421 S PENINSULA DRIVE **DAYTONA BEACH FL 32018** Zip Code 2-113-6321 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. SIGNATURI gent and atle if applicable Make Check Payable to FILE NOW: FEE IS \$61,25 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. **Department of State** Added to Fees After September 13, 2000 min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Addition ☐ Change Delete TITLE TITLE LOUCKS, JOAN NAME NAME STREET ADDRESS 102 SEAWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P DAYTONA BCH FL 32118 ☐ Change Addition ☐ Delete TITLE TITLE SD BROOKHART, BARBARA NAME STREET ADDRESS STREET ADDRESS 3421 S PENINSULA DR CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH, FL 00000

12. 1 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

NAME STREET ADDRESS

TITLE

THILE

NAME STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

NAME --

STREET ADDRESS CITY-ST-ZIP

Delete

Delete

Delete

☐ Delete

GNATURE SIGNATURE AND TYPED OF SIGNING OFFICER OR DIRECTOR

8/14/00 90

90 9 - 756 -0095 Daytime Phone #

☐ Addition

Addition

Addition

☐ Change - ☐ Addition

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Change

Change