**FILED** 

## 2002 Uniform Business Report (UBR)

## Apr 09, 2002 8:00 am Secretary of State DOCUMENT # 837599 1. Entity Name 04-09-2002 90014 038 \*\*\*150.00 MARBIT INCORPORATED Principal Place of Business Mailing Address COLONIAL BANK CENTRE P O BOX 160306 41 NORTH BELTLINE HIGHWAY MOBILE AL 36616 MOBILE AL 36608-1201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 63-0718313 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee\_Required\_\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMPUS, JOSEPH J III Street Address (P.O. Box Number is Not Acceptable) 3298 SUMMIT BLVD #18 PENSACOLA FL 32503 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (10/6) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME SAINT, JOHN B. CR2E034 STREET ADDRESS STREET ADDRESS 41 NORTH BELTLINE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36608 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WESCH, PAUL C. NAME STREET ADDRESS STREET ADDRESS 41 NORTH BELTLINE HIGHWAY CITY-ST-7IP. CITY-ST-ZIP MIBILE AL 36608 TITLE Delete TITLE Change ☐ Addition NAME NAME ISHEE, WILLIAM H. STREET ADDRESS STREET ADDRESS 41 NORTH BELTLINE HIGHWAY CITY-ST-7IP CITY-ST-ZIP MOBILE AL 36608 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME KELLY, JR. DONALD P. STREET ADDRESS 41 NORTH BELTLINE HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36608 TITLE ☐ Delete TITLE Change ☐ Addition NAME STEFAN, CHESTER J. NAME STREET ADDRESS STREET ADDRESS 41 NORTH BELTLINE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36608 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

