

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001903

1. Entity Name

MARCH VENTURES, LTD.

Principal Place of Business

Mailing Address

C/O DOUG E. WIEBEL, CPA
9240 BONITA BEACH RD #3305
BONITA SPRINGS, FL 34135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3687016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KRAUSE, ANDREW J.
5811 PELICAN BAY BOULEVARD
SUITE 600
NAPLES, FL 34108

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record. 10,000,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 0

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P00000113839
NAME MARCH VENTURES, INC.
STREET ADDRESS 9240 BONITA BEACH RD, #3305
CITY-ST-ZIP BONITA SPRINGS, FL 34135

DOCUMENT #
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CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Carol Kay March

President
Hee

✓ April 3, 2001 (651) 699-2717

Date

Daytime Phone #

CR2E003 (11/00)

FILED

01 APR 10 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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