

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000985**

1. Entity Name

MRM, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business

~~442 WEST KENNEDY BOULEVARD, SUITE 200~~
~~TAMPA FL 33606~~

Mailing Address

P.O. BOX 10493
TAMPA FL 33679-0493

2. Principal Place of Business

2907 Bay To Bay Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 102

City & State
Tampa, FL

City & State

Zip
33629

Country

Zip

Country

4. FEI Number

59-3509022

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

MARCOTTE, DENNIS R

~~442 WEST KENNEDY BOULEVARD, SUITE 200~~
~~TAMPA FL 33606~~

7. Name and Address of New Registered Agent

Name

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

2907 Bay to Bay Blvd Suite 102

City

Tampa

FL

Zip Code

33629

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 DENNIS R. Marcotte

(NOTE: Registered Agent signature required when reinstating)

4-13-00

DATE

9. Capital Contributions
as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # 238256
NAME DEL F. MARCOTTE & ASSOCIATES, INC.
STREET ADDRESS 442 WEST KENNEDY BOULEVARD, SUITE 200
CITY - ST - ZIP TAMPA FL 33606

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

2907 Bay to Bay Blvd. Suite 102

CITY - ST - ZIP

Tampa, FL 33629

STREET ADDRESS

CITY - ST - ZIP

900003228259-3

STREET ADDRESS

CITY - ST - ZIP

-04/28/00--01039--012

****526 25 ****526 25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

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: DEL F. MARCOTTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-13-00 813 259.1245

CR2E003 (9/99)