

# 2002 UNIFORM BUSINESS REPORT (UBR)

0013557 AT

LF

FILED

02 APR 24 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT #** A98000000985

**1. Entity Name**  
MRM, LTD.

<b>Principal Place of Business</b> 2907 BAY TO BAY BLVD., STE. 102 TAMPA FL 33629	<b>Mailing Address</b> P.O. BOX 10493 TAMPA FL 33679
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**DUE BY MAY 1, 2002**

<b>4. FEI Number</b> 59-3509022	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

MARCOTTE, DENNIS R  
2907 BAY TO BAY BLVD., STE. 102  
TAMPA FL 33629

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>9. Capital Contributions as Shown on record.</b> \$5,000,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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**

<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP	238256 DEL F. MARCOTTE & ASSOCIATES, INC. 2907 BAY TO BAY BLVD., STE. 102 TAMPA FL 33629
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	100005395521--6 04/30/02--01078--018 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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** *Dennis R. Marcotte* **DATE** 4-22-02 **Daytime Phone #** 813-259-1245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CP2E003 (9/01)