08/15/2003 13:04 7707291720 MARCUS COMMERCIA

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90137 018 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004491

1. Entity Name
MARCUS COMMERCIAL, INC.

Principal Place of Business	Mailing Address
7001 PEACHTREE INDUSTRIAL BLVD FRANKLIN OFFICE PARK, SUITE 139 NORCROSS GA 30092	7001 PEACHTREE INDUSTRIAL BLVD FRANKLIN OFFICE PARK, SUITE 139 NORCROSS GA 30092

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9406 HAWKSMOOR LN.	SAme
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARaSota	City & State
Zip: 34238 Country: USA	Zip Country

4. FEI Number 58-2371283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPITZ, H. RAY 410 N. CALHOUN ST. TALLAHASSEE FL 32301	Name: Michael A. TRingali Street Address (P.O. Box Number is Not Acceptable): 9406 HAWKSMOOR LN. City: SARaSota FL Zip Code: 34238

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Michael TRingali 8/22/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOGE, MARCUS A 4912 RIVERDALE DR. DULUTH GA ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Michael A. TRingali 9406 HAWKSMOOR LN. SARaSoTA FL 34238 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOGE, JANIS B 4912 RIVERDALE DR. DULUTH GA ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Michael TRingali 8/20/03 941-322-8545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)