

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0516964
AV

DOCUMENT # F02000003175

1. Entity Name
THE MARCELLIS CORPORATION



05-02-2003 90259 019 ***150.00

Principal Place of Business
2540 GRANTS PARKWAY
FLORRISANT MO 63031

Mailing Address
5239 RED CEDAR DRIVE
#22
FORT MYERS FL 33907



2. Principal Place of Business

3. Mailing Address
4130 SE 3RD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Cape Coral FL

4. FEI Number 43-1899790

Applied For
Not Applicable

Zip Country

Zip Country
33904

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARCELLIS, TOM
5239 RED CEDAR DRIVE #22
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name
Tom Marcellis
Street Address (P.O. Box Number is Not Acceptable)
4130 SE 3RD AVE
City Cape Coral FL Zip Code 33904

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 *Tom Marcellis* Tom Marcellis 4/29/03
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	CP MARCELLIS, THOMAS E. 5239 RED CEDAR DR. #22 FORT MYERS FL 33907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Thomas E. Marcellis 4130 SE 3RD AVE Cape Coral FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas E. Marcellis* Thomas E. Marcellis 4/29/03 239 945 6247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)