

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000004493

1. Entity Name
MARINO'S TOOLS & ELECTRONICS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 28 AM 8:00

Principal Place of Business
ROUTE 13 OUTLET
LAUREL, DE 19956

Mailing Address
5015 NORTH FRONTAGE ROAD
LAKELAND, FL 33810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

MRD

4. FEI Number

51-0336598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARINO, FRANK D
5015 NORTH FRONTAGE ROAD
LAKELAND, FL 33810-YW02

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

SIGNATURE

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

(NOTE: Registered Agent signature required when amending)

DATE

FILE NOW! FEE IS \$450.00
All 2003 Filing will be \$550.00
Amended UBR is \$87.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MARINO, FRANK D 5015 NORTH FRONTAGE ROAD LAKELAND, FL 33810	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCST MARINO, LISA ANN D 5015 NORTH FRONTAGE ROAD LAKELAND, FL 33810	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARINO, DENNIS LEE 5015 NORTH FRONTAGE ROAD LAKELAND, FL 33810	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 8/27/03

863 628 2065

Date

Daytime Phone

CR2034 (10/02)