

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F05976

1. Entity Name

MARCIANO REALTY, INC.

Principal Place of Business

17711 HERON LANE
FT. MYERS FL 33913
US

Mailing Address

17711 HERON LANE
FT. MYERS FL 33908-6179
US

2. Principal Place of Business

5119 SW 18th Ave
Suite, Apt. #, etc.
CAPE CORAL FL
City & State

3. Mailing Address

5119 SW 18th Ave
Suite, Apt. #, etc.
Cape Coral FL
City & State

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90087 011 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2044341**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCIANO, RALPH J
17711 HERON LANE
FT. MYERS 33908
5119 SW 18th Ave
Cape Coral FL
33914

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

Ralph J. Marciano

RALPH J. MARCIANO

3/19/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MARCIANO, RALPH J.	
STREET ADDRESS	17711 HERON LANE	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARCIANO, VERA R	
STREET ADDRESS	17711 HERON LANE	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MARCIANO, VERA R	
STREET ADDRESS	17711 HERON LANE	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ralph J. Marciano MARCIANO

3/19/00

941-9457
2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)