

2009 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT #	F08000003380
1. Entity Name	
Neil Marcuson, Inc.	

FILED
09 APR -9 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1924 Harbourside Dr - Unit #1202		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Longboat Key, FL		City & State	
Zip 34228	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1291383		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name Neil Marcuson	
Street Address (P.O. Box Number is Not Acceptable) 1924 Harbourside Drive - Unit 1202	
City Longboat Key	FL Zip Code 34228

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 reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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	Pres Neil Marcuson 1924 Harbourside Drive - Unit 1202 Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy Treas Bonnie Marcuson 1924 Harbourside Drive - Unit 1202 Longboat Key, FL 34228
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11.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Neil Marcuson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3-28-09 412/480-7491

Date

Daytime Phone #