

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90008 036 ***550.00

DOCUMENT # F24101

1. Entity Name

MARDALL CORPORATION

Principal Place of Business

**C/O DON R LIVINGSTONE
 7711 SW 62ND AVE #101
 SOUTH MIAMI FL 33143**

Mailing Address

**150 S.E. 25 RD.. #11B
 MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2192333

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**LIVINGSTONE, DON R
 7711 SW 62ND AVE #101
 SOUTH MIAMI FL 33143**

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

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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** ☐ Delete
 NAME **MCCRAGE, RICHARD A.**
 STREET ADDRESS **150 SE 25RD 11B**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **VP** ☐ Delete
 NAME **LEE, GORDON SCOTT**
 STREET ADDRESS **150 SE 25RD 11B**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **S** ☐ Delete
 NAME **LEE, MARGARET A.**
 STREET ADDRESS **150 SE 25 RD #11B**
 CITY-ST-ZIP **MIAMI FL**

TITLE **AS** ☐ Delete
 NAME **LIVINGSTONE, DON R**
 STREET ADDRESS **7711 SW 62 AVE #101**
 CITY-ST-ZIP **S. MIAMI FL 33143**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/1/01

305-532-2182

CR2E034 (5/01)