

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90110 009 \*\*\*150.00

**DOCUMENT # F93000000867**  
1. Entity Name  
BONNIE LEIGH, INC.

**DO NOT WRITE IN THIS SPACE**

B0056792

2. Principal Place of Business  
582 LYNNHAVEN PARKWAY  
Suite, Apt. #, etc.  
#102

3. Mailing Address  
409 WILLIAM STREET  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
VIRGINIA BEACH, VA

City & State  
KEY WEST, FL

4. FEI Number  
54-1608824

Applied For  
 Not Applicable

Zip  
23452

Country  
US

Zip  
33040

Country  
US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
JOHN MARBURG  
Street Address (P.O. Box Number is Not Acceptable)  
1300 FLAGLER AVENUE  
City  
KEY WEST FL Zip Code  
33040

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  JOHN MARBURG - SECRETARY 3/20/02  
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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SCD  
MARBURG, JOHN  
1300 FLAGLER AVENUE  
KEY WEST, FL 33040

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VCD  
GOLDIN, ARNOLD  
582 LYNNHAVEN PARKWAY #102  
VIRGINIA BEACH, VA 23452

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
MARBURG, BONNIE  
1300 FLAGLER AVENUE  
KEY WEST, FL 33040

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

SIGNATURE  JOHN MARBURG 3/20/02 305/294-5869  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)