

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0091772 AV

DOCUMENT # F94000004614

1. Entity Name
MARRICK TECHNOLOGIES, INC.

04-01-2002 90674 019 ***150.00

Principal Place of Business
P.O. BOX 950940
LAKE MARY FL 32795

Mailing Address
P.O. BOX 950940
LAKE MARY FL 32795



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 910464

DO NOT WRITE IN THIS SPACE

City & State

Suite, Apt. #, etc.

City & State
SAN DIEGO, CA

4. FEI Number
59-2896585

Applied For
 Not Applicable

Zip Country
92191-0464 SAN DIEGO

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

KELLY, MARK F
481 AUTUMN OAKS PL.
LAKE MARY FL 32746

Name
KELLY, MARK F
 Street Address (P.O. Box Number is Not Acceptable)
1876 MARKHAM PRESERVE TRAIL
 City
SANFORD FL Zip Code
32771

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]* DATE **3-3-02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
KELLY, MARK F
5171 RUETTE DE MAR
SAN DIEGO CA 92130

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
RESIDENT

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V
ZARR, RICHARD F
481 AUTUMN OAKS PL.
LAKE MARY FL 32746

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VICE PRESIDENT
ZARR, RICHARD F
1876 MARKHAM PRESERVE TRAIL
SANFORD, FL 32771

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S
KELLY, LINDA
5171 RUETTE DE MAR
SAN DIEGO CA 92130

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
T
ZARR, ELEANOR
2209 CITRUS VALLEY CIR.
PALM HARBOR FL 34683

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TREASURER
ZARR, ELEANOR
920 HUNTERS CREEK DR. #4302
DELAND, FL 32720

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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]* DATE **3-3-02** DAYTIME PHONE # **858-720-0746**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)