

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G15324

FILED
Feb 13, 2003
Secretary of State

Entity Name: MARANDO, INCORPORATED

Current Principal Place of Business:

5507 NORTH "W" STREET
C/O FIRESID PHARMACY
PENSACOLA, FL 32505

New Principal Place of Business:

5507 NORTH W STREET
C/O FIRESIDE PHARMACY
PENSACOLA, FL 32505

Current Mailing Address:

5507 NORTH "W" STREET
C/O FIRESID PHARMACY
PENSACOLA, FL 32505

New Mailing Address:

5507 NORTH W STREET
C/O FIRESIDE PHARMACY
PENSACOLA, FL 32505

FEI Number: 59-2249985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLEY, DENNIS L.
5507 NORTH "W" ST.
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

HOLLEY, DENNIS L.
5507 NORTH W STREET
PENSACOLA, FL 32505 US

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:

02/13/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLLEY, DENNIS,
Address: 5507 NORTH "W" ST
City-St-Zip: PENSACOLA, FL

Title: ST () Delete
Name: HOLLEY, MARY G
Address: 5507 NORTH
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: HOLLEY, MARY G
Address: 5507 NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS L. HOLLEY

PD

02/13/2003

Electronic Signature of Signing Officer or Director

Date