

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90038 011 ***150.00

DOCUMENT : G31862

1. Entity Name

MARCO BEACH RENTALS, INC.

Principal Place of Business

1000 N. Collier Blvd.
 Marco Island, FL 34145
 USA

Mailing Address

900 No. Collier Blvd.
 Marco, Island, FL 34145-2741
 USA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address c/o David Nassif Co.

195 Worcester Street

Suite, Apt. #, etc.

Suite 301

City & State

Wellesley Hills, MA 02

Zip

02481

Country

USA

4. FEI Number

59-2780482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Antaramian, Jack J.
 900 N. Collier Blvd.
 Marco Island, FL 34145

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

FREE NOW!!! FEE IS \$150.00
After MAY 15, 2001 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	Nassif, David E.	
STREET ADDRESS	51 Scotch Pine Road	
CITY-ST-ZIP	Wellesley, MA	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	Antaramian, Jack J.	
STREET ADDRESS	3725 Ft. Charles Drive	
CITY-ST-ZIP	Naples, FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	Sholkin, Martin	
STREET ADDRESS	23 Country Drive	
CITY-ST-ZIP	Weston, MA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	Korcourek, David A.	
STREET ADDRESS	1170 Cara Ct.	
CITY-ST-ZIP	Marco Island, FL 34113	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	Malloy, William T.	
STREET ADDRESS	776 Eagle Creek Dr. #301	
CITY-ST-ZIP	Naples, FL 34113	
TITLE	V	<input type="checkbox"/> Delete
NAME	Prophet, June	
STREET ADDRESS	299 Edgewater Ct.	
CITY-ST-ZIP	Marco Island, FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: David E Nassif

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

781-431-1030

Daytime Phone #