

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90061 016 \*\*\*150.00

0490207 AV

**DOCUMENT # J32707**

1. Entity Name  
**MARKAL LIMITED, INC.**

Principal Place of Business <b>25188 MARION AVE., #1035                  V-17                  PUNTA GORDA FL 33950                  US</b>	Mailing Address <b>25188 MARION AVE., #1035                  V-17                  PUNTA GORDA FL 33950                  US</b>
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2. Principal Place of Business <b>1688 PICCADILLY CIR</b>	3. Mailing Address <b>1688 PICCADILLY CIR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>PT. CHARLOTTE FL</b>	City & State <b>PT. CHARLOTTE FL</b>	4. FEI Number <b>59-2725160</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33980</b>	Country <b>USA</b>	Zip <b>33980</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>KALBFELD, A. CHARLES                  25188 MARION AVE V-17                  PUNTA GORDA FL 33950</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>1688 PICCADILLY CIR                  PT. CHARLOTTE FL 33980</b>			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KALBFELD, A. CHARLES                  25188 MARION AVENUE                  PUNTA GORDA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>1688 PICCADILLY CIR                  PT. CHARLOTTE FL</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KALBFELD, MARTHA                  25188 MARION AVENUE                  PUNTA GORDA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>1688 PICCADILLY CIR                  PT. CHARLOTTE FL</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: A. Charles Kalbfeld **REQUIRED** Date: 4/1/2002 Daytime Phone #: 941-835-1688

CR2E034 (9/01)