2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

2401-GRIFFIN COURT OCCE FL 34701

J37915 **DOCUMENT#** MARKLE CONSTRUCTION, INC. Principal Place of Business Mailing Address

2401_GRIFFIN COURT

OCOEE Ft. 34761

FILED Jul 17, 2002 8:00 am Secretary of State

07-17-2002 90142 009 ***550.00



| 2. Principal Place of Business 3. Mailing Address | | | | | ┪ | | | | | | |
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| 5868 | LAKEVILLE RD 5868 LAKEVILLE RD | | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | رور | | _ | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | | | | | _ ,,, ,,,,, | 002 | | |
| City & Sta | | City & State | | | 4. [| FEI Number | E0_0700747 | | Α | pplied For | |
| ORLANTO FL | | | | | | | 59-2733717 | | ⊢ ———————————————————————————————————— | ot Applicable | |
| Zip Country Zip | | | | Country | | 5 Contificate of Status Pasissed \$8 | | | \$8.75 Ac | Iditional | |
| 32818 ORANGE 32818 | | | CRANGE | | J 3. (| | | | Fee Requir | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. N | Name and A | ddress of New R | egistered | Agent | | |
| | A7 | | | Name | | | | | | | |
| MARKLE, | and the same has a set of the set | • | _ | Street Address | 1 (B () B | lav Numbari | a Nat Assessable | ` | | | |
| 2 401-GR | IFFIN COURT 5868 LA | P | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| OCOEE 1 | FL 3476T OZLANDO | DI 22818 | | | | | | | | | |
| | 「現場に多りな」とようと、一旦とは19年2日で | 37 6 8 5000 | | | | , | | | | | |
| | į* | | | City | | | *, | FL | Zip Cod | de | |
| 8. The above | e named entity submits this statement for | the purpose of changing its | register | ed office or regist | tored and | ent or both | in the State of Ele | | - 1 | 224 22224 | |
| the obliga | tions of registered agent. | are perpose or ununging ite | ogiatori | or regist | iereu agi | ent, or both, | in the state of mo | nua. Lain | ianimai with | , and accept | |
| | | | | | | | | | | | |
| SIGNATURE | | dim district | n | | | | | | | | |
| - | Signature, typed or printed name of registered agent ar | u titie ii applicable (NOTE: | Registere | Agent signeture requir | red when re | instating) - | | DATE | | | |
| 9. This corp | oration is eligible to satisfy its Intangible | FILE NOW!! | | | | 40 [[| 0 | | | | |
| Tax filing requirement and elects to do so. (See criteria on back) After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State | | | | | | | on Campaign Fin: Fund Contribution | | | 0 May Be | |
| (See crite | ria on back) | Make Check Payabi | e to De | epartment of Si | tate | Husi | dia Contribution | l. L., | J Adde | d to Fees | |
| 11. OFFICERS AND DIRECTORS | | | 12. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | S IN 11 | |
| TITLE | P | ☐ Delete | TITLE | | | | | | ☐ Change | ☐ Addition | |
| NAME | MARKLE, CRAIG | | NAM | | | | | | onango | | |
| STREET ADDRESS | 2401 GRIFFIN COURT 5868 | LAKEUTHEI | 2 Pire | ET ADDRESS | | | | | | | |
| CITY SEE ZIP | | COEE FL 34761 CRLANDO PL 32818 | | ST-ZIP | | | | | | | |
| TITLE TO COLVE | VP // VP | ☐ Delete | TITLE | | | | | | ☐ Change | Addition | |
| NAME · | MARKI F CRAIG | | NAME | | | | | | ☐ Change | Addition | |
| STREET*ADDRESS | 2401-GRIFFIN COURT 58691 | 19KUSILE RD | 4 | T ADDRESS | | | | | | j | |
| CITY-ST-ZIP | OCOFE EL 34781 OF LANDO | | | ST-ZIP | | | | | | | |
| TITLE | S | | - | | | | | | | | |
| NAME | GOODSON, WALTER R | ☐ Delete - | TITLE | | | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | P.O.BOX 1941 | | NAME | T ADDRESS | | | | | | | |
| CITY-ST-ZIP | WINDERERE FL 32786 | | | ST-ZIP | | | | | | | |
| | WINDERENE TE SE700 | — | 1 | 31-Zir | | | _ . | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | 11 | ☐ Change | . 🔲 Addition | |
| NAMESTREET ADDRESS | | المحجور سني ينيسيان | NAME | 1 | - · · · - | و چېنونو | and The same of the same | إداسات | | | |
| CITY-ST-ZIP | | | | T ADDRESS | | 100 | all more recommend and officer | | | 明 | |
| • | | | UIIT- | ST-ZIP | | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | | ☐ Change | Addition | |
| NAME' STREET ADDRESS' | a got say | | NAME | I | | | | | | | |
| | | | | T ADDRESS | | | | | | } | |
| CITY-ST-ZIP | | | CITY- | ST-ZIP | | | | | | | |
| TITLE | | ☐ Delete | TITLE | 1 | | | | | ☐ Change | Addition | |
| NAME | o magamagingan aya a lumiya ku ng Bilasa shukumo | | NAME | | | | | | | | |
| STREET ADDRESS | commoner to | | | T ADDRESS | | | | | | | |
| CITY-ST-ZIP | State State Committee Committee | **: | | ST-ZIP | _ | | | | | | |
| I hereby of indicated | pertify that the information supplied with the on this report or supplemental report is tr | is filing does not qualify for the ue and accurate and that my | he exen | nption stated in Sure shall have the | ection 1 | 19.07(3)(i), F | lorida Statutes. I t | urther cert | ify that the ir | 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: