

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**  
 04-22-2002 90292 049 \*\*\*150.00

MA79294 AV

**DOCUMENT # K01961**

1. Entity Name  
**COURTESY VACUUM AND SEWING CENTER, INC.**

Principal Place of Business  
**3545 FOWLER ST  
 FORT MYERS FL 33901  
 US**

Mailing Address  
**3545 FOWLER ST  
 FORT MYERS FL 33901  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0040889</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent  <b>PANCOAST, WENDY M          3545 FOWLER ST          FORT MYERS FL 33901</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			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2002 Fee will be \$550.00          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>PD PANCOAST, WENDY M. 3545 FOWLER STREET FORT MYERS FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARSHALL, WENDY M</b> <input checked="" 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
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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:** Wendy M Marshall 4-10-02 (941) 275-7057  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

AH.  
 Doc # K01961  
 770291

Department of Health - Vital Statistics  
**STATE OF FLORIDA**  
**MARRIAGE RECORD**  
 TYPE IN UPPER CASE  
 USE BLACK INK

This license not valid unless seal of Clerk,  
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

MONROE COUNTY  
 OFFICIAL RECORDS

FILE #1283441

BR#1762 PG#10

RCD Feb 20 2002 02:55PM

DANNY L KOLHAGE, CLERK

MONROE COUNTY  
 OFFICIAL RECORDS

K-6644

(APPLICATION NUMBER)

**APPLICATION TO MARRY**

1. GROOM'S NAME (First, Middle, Last) <b>JOE LESLIE MARSHALL JR.</b>			2. DATE OF BIRTH (Month, Day, Year) <b>FEBRUARY 12, 1958</b>		
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>FORT MYERS</b>		3b. COUNTY <b>LEE</b>		3c. STATE <b>FLORIDA</b>	
5a. BRIDE'S NAME (First, Middle, Last) <b>WENDY MAY PANCOAST</b>			5b. MAIDEN SURNAME (If different) <b>POHL</b>		
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>FORT MYERS</b>		7b. COUNTY <b>LEE</b>		7c. STATE <b>FLORIDA</b>	
			8. BIRTHPLACE (State or Foreign Country) <b>PENNSYLVANIA</b>		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED  
 ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE  
 NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Joe Leslie Marshall Jr.</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>DECEMBER 26, 2001</b>	
11. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Maureen A. Rapp</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Wendy May Pancoast</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>DECEMBER 26, 2001</b>	
15. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Maureen A. Rapp</i>	

**LICENSE TO MARRY**

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM  
 A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST  
 BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE <b>MONROE</b>		18. DATE LICENSE ISSUED <b>DECEMBER 26, 2001</b>		19a. DATE LICENSE EFFECTIVE <b>DECEMBER 29, 2001</b>		19. EXPIRATION DATE <b>FEBRUARY 24, 2002</b>	
20a. SIGNATURE OF COURT CLERK OR JUDGE <b>DANNY L. KOLHAGE</b>				20b. TITLE <b>CLERK OF THE COURT</b>		20c. BY D.C. <i>[Signature]</i>	

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) <b>February 14, 2002</b>		22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>Key West Fl.</b>	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Daniel J. McMahon</i>		23c. ADDRESS (Of person performing ceremony) <b>P.O. Box 1471 Key West Fl. 33091</b>	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) <b>Daniel J. McMahon</b> Commission # CC 749034 Expires June 7, 2002 BONDED THRU ATLANTIC BONDING CO., INC.		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶	

STATE OF FLORIDA  
 COUNTY OF MONROE



This Copy is a True Copy of the  
 Original on File in this Office. Witness  
 my hand and Official Seal.

This 4th day of March

A.D., 20 02  
 DANNY L. KOLHAGE  
 Clerk Circuit Court

