2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State
05-14-2003 90128 048 ***150.00

DOCUMENT # **K10928**

1. Entity Name
MAR-AL, INC.

Principal Place of Business	Mailing Address
25 SAVONA AVE. ENGLEWOOD, FL 34223	25 SAVONA AVE. ENGLEWOOD, FL 34223

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0033669** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOOD & SEITZ 3665 BEE RIDGE ROAD SUITE 300 SARASOTA, FL 34233	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, ALBERT N. 25 SAVONA AVE. ENGLEWOOD, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KING, MARIAN 25 SAVONA AVE. ENGLEWOOD, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marian King 5/9/03 631 94 4747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #

KING'S CLOCKS
Sales • Repairs • Service
[redacted]
PATCHOGUE, NEW YORK 11772
22 WOOD AVE

90133953
K10928

5/9/03

MY FATHER RECENTLY PASSED AWAY AND I DIDNT REALIZE THAT THIS WAS DUE. I AM HAVING A HARD TIME GETTING ALL THE MAIL FORWARDED FROM FLORIDA. I AM SENDING CHECK FOR 150. PLEASE EXCUSE ITS TARDINESS.

THANK YOU

HOWARD KING

631
[redacted] 289-3184 Howard King, Proprietor