

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90056 020 \*\*\*\*50.00

**DOCUMENT # L00000012015**

1. Entity Name  
**MARLI, LLC**

Principal Place of Business

**3614 W. SAN LUIS ST.  
TAMPA FL 33629**

Mailing Address

**3614 W. SAN LUIS ST.  
TAMPA FL 33629**

**B0102831**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5373 EHRlich RD.**

Suite, Apt. #, etc.

**STE # 203**

City & State

**TAMPA FL**

Zip

**33625**

Country

**USA**

3. Mailing Address

**5373 EHRlich RD**

Suite, Apt. #, etc.

**STE # 203**

City & State

**TAMPA FL**

Zip

**33625**

Country

**USA**

4. FEI Number

**59-3739684**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HINES, JAMES P ESQ.  
HINES NORMAN & ASSOCIATES, P.L.  
315 SOUTH HYDE PARK AVENUE  
TAMPA FL 33606**

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

**HINES, JAMES P ESQ**

**4/29/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **HOGESTYN/HARTMAN, JACKIE**  
STREET ADDRESS **3614 W. SAN LUIS STREET**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **MGRM** ☐ Delete  
NAME **HINES, JAMES P**  
STREET ADDRESS **315 S. HYDE PARK AVE.**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5373 EHRlich RD. STE # 203**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

**Jackie Hogestyn/Hartman**

Date

**4/29/02**

Daytime Phone #

**(813) 969-2886**

CR2E083 (9/01)