

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91004 015 \*\*\*\*50.00



DOCUMENT # L02000033070

1. Entity Name  
MARCIAL ARCHITECT, P.L.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3063 ENTERPRISE ROAD

3. Mailing Address

Suite, Apt. #, etc.  
SUITE 15

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
DEBARY FL

City & State

4. FEI Number  
59-3762956

Applied For  
Not Applicable

Zip  
32713

Country  
USA

Zip

Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOSEPH M. MARCIAL

Street Address (P.O. Box Number is Not Acceptable)  
1302 HOWLAND BLVD.

City DELTONA

FL

Zip Code 32738

8. The above named entity submits this statement for the purpose of <sup>ESTABLISHING</sup> 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]*

DATE 4-25-03

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS  
MANAGING MEMBER  
JOSEPH M. MARCIAL, ARCHITECT  
3063 ENTERPRISE ROAD, SUITE 15  
DEBARY FL 32713-2790

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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]*

DATE 4-25-03 386 668-6252

CR2E083B (12/02)