

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90192 040 \*\*\*150.00

**DOCUMENT # L30979**

**1. Entity Name**  
**4M MARION PROPERTIES, INC.**

**Principal Place of Business**  
**2419 GULF TO BAY**  
**LOT 208**  
**CLEARWATER FL 33765**  
**US**

**Mailing Address**  
**2419 GULF TO BAY BLVD.**  
**LOT 208**  
**CLEARWATER FL 33765**  
**US**

**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** **65-0156458**

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**

**MARION, ROBERT L.**  
**19101 RUSTIC WOODS**  
**ODESSA FL 33556**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, MICHELLE D.	
STREET ADDRESS	11819 BLUE TICK DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARION, MICHAEL	
STREET ADDRESS	19011 BROOKER CREEK DR.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	S	<input type="checkbox"/> Delete
NAME	KIRK, MARGARET A.	
STREET ADDRESS	11807 BLUE TICK DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARION, MAUREEN	
STREET ADDRESS	19101 RUSTIC WOODS TR.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARION, ROBERT	
STREET ADDRESS	19101 RUSTIC WOODS TR.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, MAUREEN	
STREET ADDRESS	8600 LILYMOOR DRIVE	
CITY-ST-ZIP	APR, FL. 34654	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)