

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90412 008 ***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**

☐ CHECK HERE IF MAKING CHANGES

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 **MICHELLE D. SMITH**

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

2419 GULF TO BAY BLVD. LOT 208

City **CLEARWATER**

FL

Zip Code **33765**

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 *Michelle D. Smith UP* **Michelle D. Smith UP**

1-8-03

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 **V** ☐ Delete
NAME **SMITH, MICHELLE D.**
STREET ADDRESS **11819 BLUE TICK DRIVE**
CITY-ST-ZIP **ODESSA FL 33556**

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

TITLE **V** ☐ Delete
NAME **MARION, MICHAEL**
STREET ADDRESS **19011 BROOKER CREEK DR.**
CITY-ST-ZIP **ODESSA FL 33556**

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

TITLE **S** ☐ Delete
NAME **KIRK, MARGARET A.**
STREET ADDRESS **11807 BLUE TICK DRIVE**
CITY-ST-ZIP **ODESSA FL 33556**

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

TITLE **T** ☐ Delete
NAME **WADE, MAUREEN**
STREET ADDRESS **8600 LILYMOOR DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34854**

TITLE ☒ Change ☐ Addition
NAME **WADE, MAUREEN E.**
STREET ADDRESS **2419 GULF TO BAY BLVD. LOT 208**
CITY-ST-ZIP **CLEARWATER, FL. 33765**

TITLE **P** ☐ Delete
NAME **MARION, ROBERT**
STREET ADDRESS **19101 RUSTIC WOODS TR.**
CITY-ST-ZIP **ODESSA FL 33556**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Michelle D. Smith UP* **Michelle D. Smith UP** **1-8-03** **727-791-6648**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)