

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L33106

1. Entity Name

MARBDL, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90013 031 ***150.00

Principal Place of Business

2137 MARINER BLVD.
 SPRING HILL FL 34609

Mailing Address

7549 JOMEL DR
 SPRING HILL FL 34607-2018
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-5980175

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

BRANDT, DELMAR F
 2549 JOMEL DR.
 SPRING HILL FL 34607

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, 2000 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: PST
 NAME: BRANDT, DOLORES F
 STREET ADDRESS: 7549 JOMEL DR.
 CITY-ST-ZIP: SPRING HILL FL

TITLE: *Change to Sec. Treasurer*
 NAME: *[Handwritten]*
 STREET ADDRESS: *[Handwritten]*
 CITY-ST-ZIP: *[Handwritten]*

TITLE: D
 NAME: BRANDT, DELMAR E
 STREET ADDRESS: 7549 JOMEL DR.
 CITY-ST-ZIP: SPRING HILL FL

TITLE: *Change to Pres*
 NAME: *[Handwritten]*
 STREET ADDRESS: *[Handwritten]*
 CITY-ST-ZIP: *[Handwritten]*

TITLE: V
 NAME: STORDAHL, KRISTINA J
 STREET ADDRESS: 10328 FLAGSHIP AVE
 CITY-ST-ZIP: PORT RICHEY FL

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/00

Date

352-597-4432

Daytime Phone #