

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
 05-09-2000 90134 035 ***150.00

DOCUMENT # **L 60463**

1. Entity Name

Captain Marvel Enterprises, Inc.

Principal Place of Business

Mailing Address

521 Blackbeard Rd
Little Torch Key FL 33042 **same**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0183509

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Corinne Lyons
521 Blackbeard Rd
Little Torch Key FL 33042

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 | P | <input type="checkbox"/> Delete |
| NAME | John L Marvel | |
| STREET ADDRESS | 1153 Trail Creek Rd | |
| CITY-ST-ZIP | Bozeman MT 59715 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | Denise L Marvel | |
| STREET ADDRESS | 1153 Trail Creek Rd | |
| CITY-ST-ZIP | Bozeman MT 59715 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | Douglas M Lyons | |
| STREET ADDRESS | 521 Blackbeard Rd | |
| CITY-ST-ZIP | Little Torch Key FL 33042 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | Corinne F Lyons | |
| STREET ADDRESS | 521 Blackbeard Rd | |
| CITY-ST-ZIP | Little Torch Key FL 33042 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 |
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| 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:

John L Marvel Pres. John Marvel **4/24/00** **406 586 6396**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)