

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L78877

1. Entity Name

MARLYN INVESTMENTS, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90020 018 ***158.75

Principal Place of Business

Mailing Address

482 SW PORT ST. LUCIE BLVD
PORT ST LUCIE FL 34953

482 SW PORT ST. LUCIE BLVD
PORT ST LUCIE FL 34953-2043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0210809

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

PETRUZZELLI, PHILIP
482 SW PORT ST LUCIE BLVD
PORT ST LUCIE FL 34953

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	PD	<input type="checkbox"/> Delete
NAME	PETRUZZELLI, PHILIP	
STREET ADDRESS	482 SW PORT ST LUCIE BLV	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PETRUZZELLI, MARILYN	
STREET ADDRESS	482 SW PORT ST LUCIE BLV	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	TALERICO, HENRY	
STREET ADDRESS	482 SW PORT ST LUCIE BLV	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

PHILIP PETRUZZELLI MARCH 8, 2000 561-879-0421
PRESIDENT

Date

Daytime Phone #

CR2E034 (9/99)