

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000469**

1. Entity Name
MARCLEX CAPITAL, L.C.

FILED

01 APR 25 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**950 NORTH COLLIER BOULEVARD, SUITE 201
MARCO ISLAND FL 34145**

Mailing Address
**950 NORTH COLLIER BOULEVARD, SUITE 201
MARCO ISLAND FL 34145**



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

59-3572482

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAMER, FREDERICK C
950 NORTH COLLIER BOULEVARD, SUITE 201
MARCO ISLAND FL 34145**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
BOARDMAN, JOHN V JR
452 BARCELONA COURT
MARCO ISLAND FL 34145**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature: JOHN V BOARDMAN

4-16-01 941-319-5359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

0021358 AF

CR2E083 (11/00)