

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M08454

1. Entity Name

MARCO FLITE SERVICES II, INC.

FILED

Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90146 032 \*\*\*150.00

Principal Place of Business

Mailing Address

315 WGTO TOWER RD  
POLK CITY FL 33868  
US

P. O. BOX 625  
LAKE ALFRED FL 28036-7106  
US

2. Principal Place of Business

3. Mailing Address

821 Lyons Rd  
Suite, Apt. #, etc.  
# 21102

SAME  
Suite, Apt. #, etc.

City & State  
Coconut Creek

City & State

4. FEI Number 74-2340822

Applied For  
Not Applicable

Zip 33063 Country US

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

CULBRETH, WALTER E., JR.  
315 WGTO TOWER RD  
POLK CITY FL 33868

Name Walter E. Culbreth Jr

Street Address (P.O. Box Number is Not Acceptable)  
821 Lyons Rd #21102

City Coconut Creek FL Zip Code 33063

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 Walter E. Culbreth Jr Date 11/10/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 DP  
NAME CULBRETH, WALTER E., JR.  
STREET ADDRESS P. O. BOX 625 N/A  
CITY-ST-ZIP LAKE ALFRED FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 821 Lyons Rd #21102  
CITY-ST-ZIP Coconut Creek FL 33063

TITLE D  
NAME CULBRETH, WALTER E III  
STREET ADDRESS 12971 BUCKLEY RD  
CITY-ST-ZIP KNOXVILLE TN

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/10/00 Daytime Phone # 954-9741985

CR2E034 (9/99)