

2001 UNIFORM BUSINESS REPORT

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90019 036 ***158.75

DOCUMENT # P00000001369

1. Entity Name

MARCO'S CLASSIC RESTORATIONS, INC.

Principal Place of Business

**390 SE 2ND AVENUE
 DELRAY BEACH FL 33483**

Mailing Address

**390 SE 2ND AVENUE
 DELRAY BEACH FL 33483**

2. Principal Place of Business

390 SE 2nd AVE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLray Beach FL

City & State

Same

4. FEI Number

650971980

Applied For

Not Applicable

Zip

County

Zip

Country

33483 Palm Beach

5. Certificate of Status Desired

X

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PIEHL, MARCO
 939 JASMINE DRIVE
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name **Piehl-MARCO**
 Street Address (P.O. Box Number is Not Acceptable)

939 Jasmine Drive

City **DeLray Beach**

FL

Zip Code

33483

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 **X** **2-5-2001**

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, 2001 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

TITLE **PD** ☐ Delete
 NAME **PIEHL, MARCO**
 STREET ADDRESS **939 JASMINE DRIVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
 NAME **Same**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **Same**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **Same**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **Same**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **Same**
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **/**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **/**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **/**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **X** **PIEHL, MARCO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)