## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #** P00000049435

1. Entity Name



**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90344 018 \*\*\*150.00

MARAC, INC.						)	31 JU <b>2</b> 330 335				
ſ		3665 Suite	Mailing Address 3865 BEE RIDGE ROAD SUITE #310 SARASOTA FL 34233 3. Mailing Address			- 1 1881/201 kil 88/ki 80kil 86/ki 86/ki 86/ki 88/ki 88/ki 88/ki 88/ki 88/ki 88/ki 88/ki 88/ki 88/ki 186/ki					
2. Principal	Place of Business	3. Mai									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & Sta	ate	City	City & State			4. FEI Number 65-1033632			Applied For Not Applicable		
Zip	Country	Zip	· i	Cour	ntry	5.	Certificate of Status Desired	\$8.7	5 Add	litional	+
	6. Name and Address of Curre	nt Registere	d Agent	<u> </u>		7. (	Name and Address of New Regist		-		+
			-		Name						1
	ENEY, ANINA C			Street Address (P.O. Box Number is Not Acceptable)						4	
	e ridge road		L			Sileet Address (F.O. Box Number is Not Acceptable)					
SUITE #	310				}						7
SARASO	TA FL 34233			City	FL Zip Code				)	$\frac{1}{1}$	
8. The above	re named entity submits this statement	for the purp	ose of changing its	register	l ed office ar register	red an	ent, or both, in the State of Florida		uith a	200 000 000	4
the obliga	ations of registered agent.			J	or constant	ou ug	orti, or both, in the State of Florida.	i aiii iaiiiiiai	with, a	апо ассерт	
SIGNATURE											l
CICITATIONE	Signature, typed or printed name of registered age	nt and title if appl	icable. (NOTE	: Registere	d Agent signature required	d when re	einstating)	DATE			
F	FILE NOW!!! FEE IS \$150.00		<del></del>		·		<del></del>				
Afte	er May 1, 2003 Fee will be \$550.0	, .					9. Election Campaign Financin	g _ (	5.00	May Be	
Make Chec	k Payable to Florida Department	of State					Trust Fund Contribution.		dded	to Fees	1
10.	OFFICERS AN	D DIRECTOR	DIRECTORS 11.			AD	I DITIONS/CHANGES TO OFFICERS	AND DIREC	TORS	IN 11	4
TITLE	CD	☐ Delete		TITLE	- I			☐ Cha		Addition	1 6
NAME	CARRION, JAIME S			NAM	:				ingc	Addition	3
	STREET ADDRESS 3665 BEE RIDGE ROAD				STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34233			CITY-	ST-ZIP						3
TITLE	PD		☐ Delete	TITLE			<u> </u>	☐ Cha	nge	☐ Addition	7 6
NAME STREET ADDRESS	MORRIS, ROBERT A			NAME					•		١
CITY-ST-ZIP	1430 KENILWORTH STREET				T ADDRESS						
TITLE	SARASOTA FL 34231				ST-ZIP						
NAME	ST MCSWEENEY, ANINA C		☐ Delete	TITLE				☐ Cha	nge	Addition	
STREET ADDRESS	3665 BEE RIDGE ROAD			NAME	T ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34233				ST-ZIP						ĺ
TITLE	-	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE						<u> </u>	┨
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STREET ADDRESS					T ADDRESS						
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TITLE			☐ Delete	TITLE				☐ Chai	nne	Addition	l
NAME STREET ADDRESS				NAME					u.		
STREET ADDRESS CITY-ST-ZIP					TADDRESS						
		<del></del>		CITY-	ST-ZIP						
TITLE NAME			☐ Delete	TITLE				☐ Char	ge	Addition	
STREET ADDRESS				NAME							
CITY-ST-ZIP				STREE	ADDRESS						ı
GILL-SI-ZIF I				CITY-9	T_7IP					I	1

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

January 10, 2003 (941) 923–4551

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daylime Phone #

SIGNATURE:/