2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000049530**

1. Entity Name
MARCELIN & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
5503 #F 18TH WAY SOUTH	5503 #F 18TH WAY SOUTH
ST. PETERSBURG FL 33712	ST. PETERSBURG FL 33712

2. Principal Place of Business	3. Mailing Address
37 N. ORANGE AVE.	37 N. ORANGE AVE.
Suite, Apt. #, etc. 500	Suite, Apt. #, etc. 500
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32801 Country US	Zip 32801 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3645445** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARCELIN JACKSON
5503 #F 18TH WAY SOUTH
ST. PETERSBURG FL
33712

7. Name and Address of New Registered Agent

Name: MARCELIN JACKSON
Street Address (P.O. Box Number is Not Acceptable): 37 N. ORANGE AVE
500
City: ORLANDO **FL** Zip Code: 32801

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 ______________________ 01/10/2001
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARCELIN JACKSON 5503 #F 18TH WAY SOUTH ST. PETERSBURG FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARCELIN JACKSON 37 N. ORANGE AVE ORLANDO FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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: Jackson Marcelin D 01/10/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #