2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2003 8:00 am Secretary of State

04-23-2003 90141 040 ***150.00

P00000062238 **DOCUMENT #** 1. Entity Name MARINO ENTERPRISES, INC. 55041298 Principal Place of Business Mailing Address 202 NW MARILYN AVE. 328 SHANNON CRT FT, WALTON BCH FL 32548 FT. WALTON BCH FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 59-3658450 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHNSTON, RICHARD FLEET: H: BART Street Address (P.O. Box Number is Not Acceptable) 1201 EGLIN PKWY. SHALIMAR FL 32579 204 Buck Dr. t WALTON Beach 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. I am familiar with, and accept the obligations of registered age agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be-After May 1, 2003 Fee will be \$550.00 ---Trust Fund Contribution. Make Check Payable to Florida Department of State 10. -OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/D TITLE Delete TITLE CR2E034 (10/02) MARINO, MICHAEL G NAME NAME 328 SHANNON CRT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. WALTON BCH FL 32548 ÇITY-ŞT-ZIP NICE PRESIDENT TITLE TITLE Change Addition ☐ Delete MARINO, ANDREW P NAME NAME 928 SHANNON CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32548 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change | · 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling 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