

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91774 034 ***150.00

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DOCUMENT # P00000116998

1. Entity Name

MARCOLE CORP.



Principal Place of Business

**13860 WELLINGTON TRACE
STEAMER'S/BAY 21&22
WELLINGTON FL 33414**

Mailing Address

**13860 WELLINGTON TRACE
STEAMER'S/BAY 21&22
WELLINGTON FL 33414**

2. Principal Place of Business

3621 OLD LIGHTHOUSE

3. Mailing Address

3621 OLD LIGHTHOUSE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

4. FEI Number

65-1067307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PAUL & SUSAN KINGSTON
C/O STEARMER'S RAW BAR & GRILL
13860 WELLINGTON TRACE, BAYS 21 & 22
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

Same AGENTS

Street Address (P.O. Box Number is Not Acceptable)

3621 OLD LIGHTHOUSE CIR.

City

WELLINGTON

FL

Zip Code

33414

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 agent.

SIGNATURE **X**

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KINGSTON, SUSAN**
STREET ADDRESS **13860 WELLINGTON TRACE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **S** ☐ Delete
NAME **KINGSTON, PAUL**
STREET ADDRESS **13860 WELLINGTON TRACE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Kingston, Susan**
STREET ADDRESS **3621 OLD LIGHTHOUSE**
CITY-ST-ZIP **WELLINGTON, FL. 33414**

TITLE **S** ☒ Change ☐ Addition
NAME **Kingston, Paul**
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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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.

SIGNATURE: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/03

CR2E034 (10/02)