## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90974 047 \*\*\*150.00

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

DOCUMENT #

P01000029162

1. Entity Name

MARLEA ENTERPRISE OF TAMPA INC.



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Suite, Apt if thic.  City & State  Country  Suite Address of New Registered Agent  Name and Address of New Registered Agent  City FL  Zo Coas 3 617  City FL  Zo Coas 3 61	423 RIVERHII	LLS DRIVE RACE FL/336	os )	423 RIVERHILLS DRIVE TEMPLE TERRACE FL(3	423 RIVERHILLS DRIVE TEMPLE TERRACE FL 33605		-  	IA 21818 18182 1191	<b>a</b> aina kak reak
City & State  Ci	2. Principal P	Place of Busin	ness	3. Mailing Address					
Zip 33617 Country	Suite, Apt	. #, etc.	<u> </u>	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
Size Address (P.O. Box Number is Not Acceptable)  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Nome —  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cognetic Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cognetic Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cognetic Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cognetic Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cognetic Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cognetic Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cognetic Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cognetic Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cognetic Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cognetic Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cognetic Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cognetic Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cognetic Address (P.O. Box Number is Not Acceptable)  City  FL  Signetic Address (P.O. Box Number is Not Acceptable)  POTE Registered Agent agreement agent and agent acceptable agent. or both, in the State of Florids. I am familiar with, and accept agent age	City & Sta	te		City & State			4. FEI Number 59-3707041	J	
So Name and Address of Current Registered Agent  VON HOFF, BARON S 428 RWERHILLS DRIVE TEMPLE TERRACE FL/\$3805) 33617  City  FL Zip Cogstant of the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  File Now/III FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  OFFICER'S AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTERPRETATIONSS  CITY-ST-ZP  TIME NOW STRET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  TIME NOW STRET ADDRESS  CITY-ST-ZP  TIME NOW STRET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  TIME NOW STRET ADDRESS  CITY-ST-ZP  CITY-ST		3617	Country	<sup>Zip</sup> 33617	Countr	у	5. Certificate of Status Desired	\$8.75 Ac	ditional
Non-   Name   Name   Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Curre	nt Registered Agent	<del>'</del> T		7. Name and Address of New Registered	•	
Street Address (P.O. Box Number is Not Acceptable)				e de la companya del companya de la companya del companya de la co		Name		` ·	
TEMPLE TERRACE FL/3805 } 33617  6. 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    Signature, Noest or privated name or lengitered agent and take it applicable.   MOTE Registered Agent agratuate reculted when revisitating   DATE    FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	VON HOFF, BARON S								
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48. The aboven named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hyperic or private frame of registered agent and tibe if applicable.			33611			City	F	Zip Cog	7217
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 110 07/3/V). Florida Section 110 07/3/V).		ertify that the	information eupplied with	th this filing does not avalle for			140.07(0\!) 5		

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: