03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -1 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100017830901
05/01/03--01058--019 **150.00

DOCUMENT # P01000049827

1. Entity Name
MARABIE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
165 SE 18TH ST
Suite, Apt. #, etc.
City & State
CAPE CORAL FL
Zip 33990 County

3. Mailing Address
165 SE 18TH ST
Suite, Apt. #, etc.
City & State
CAPE CORAL FL
Zip 33990 County

4. FEI Number
65-1109898
Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: MARTY BIELECKI
Street Address (P.O. Box Number is Not Acceptable)
165 SE 18TH STREET
City CAPE CORAL FL 3 FL 33990

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: 4/21/03
Date

9. This corporation is eligible to apply as an inactive Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 thru May 1 Fee is $150.00
After May 1 Fee is $400.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP MARTY BIELECKI PRESIDENT 165 SE 18TH STREET CAPE CORAL FL 33990	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E113-48 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 4/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

jrsh