## May 09, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) P01000053611 DOCUMENT # Secretary of State 1. Entity Name MARCHUCK TAX & ACCOUNTING SERVICES, INC. 05-09-2002 90014 040 \*\*\*150.00 Mailing Address Principal Place of Business 6775 SANDALWOOD LANE 6775 SANDALWOOD LANE ըսսսերսա NAPLES FL 34109-0509 NAPLES FL 34109-0509 2. Principal Place of Business 3. Mailing Address +0 NiWi 1,40 N.W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable LANTATION ANTATION \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 3332 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AWTENCE MARCHUCK, LAWRENCE 6775 SANDALWOOD LANE NAPLES FL 34109-0509 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE Delete TITLE LAWIENCE MARCHUCK MARCHUCK, LAWRENCE NAME NAME 640 N.W. 107th Ave. 6775 SANDALWOOD LANE STREET ADDRESS STREET ADDRESS NAPLES FL 34109-0509 PLANTATION, FL 33324-1039 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition JOANN C. RADDI RADDI, JOANN C NAME NAME 640 N.W. 107th AVE. 6775 SANDALWOOD LANE STREET ADDRESS STREET ADDRESS PLANTATION, FL. 33324-1039 NAPLES FL 34109-0509 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

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

TITLE

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

Raddi, Secy/Tres. 4/30/02 954-915-0324

☐ Change

Change

☐ Addition

☐ Addition