2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P01000055320 **DOCUMENT#**

1. Entity Name

MAR_IEN ENTERPRISES



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90837 008 ***150.00

WAN-OE	in cintemphises, Inc.				
		Mailing Address 6900-29 DANIELS PKW FT MYERS FL 33912	Y STE 212) ISBN ART HE BATTL HAD POINT ARM CONTRACTOR AND AND	80 JHII 0 FI d 13 03 H 2 0 G
2. Principa	Il Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			* .
City & St	tate	City & State		☐ CHECK HERE IF MAKING CHANGES	
7:-		Only & State		4. FEI Number 65-1065841 Applied Fo	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.7	Not Applicable Additional
	6. Name and Address of Current	Registered Agent		Fee Re 7. Name and Address of New Registered Agent	equired
BIRDSON	NG-RAGER, JENNIFER		Name		
6655 HU	INTINGTON LAKES CIR #202		Street Addre	ess (P.O. Box Number is Not Acceptable)	
NAPLES	FL 34119				
			City	FI Zin	Code
8. The abov	re named entity submits this statement for	the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar	
	,			an iamiliar i	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if annlicable (Arc.	Tr. Paris		
F	FILE NOW!!! FEE IS \$150.00	(NO	TE: Registered Agent signature requ	uired when reinstating) DATE	
Afte Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Fiorida Department of	State		9. Election Campaign Financing Trust Fund Contribution.	5.00 May Be
10.	OFFICERS AND E	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	OBS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	BIRDSONG, MARY D 7003 KIMBERLY TERRACE FT MYERS FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Char	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BIRDSONG-RAGER, JENNIFER 6655 HUNTINGTON LAKES CIRCL NAPLES FL 34119	□ Delste E #202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chan	ge Addition
TITLE NAME		☐ Delete	TITLE	☐ Chan	ge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chang	e 🗀 Addition
NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information guardies with the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	e Addition

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

SIGNATURE: