FILED Mar 03, 2003 8:00 am 3 Secretary of State

03-03-2003 90496 017 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P01000098660

DOCUMENT #

1. Entity Name MARCAP INC.



Principal Place of Business 1124 HERITAGE DRIVE **GROVELAND FL 34736**

2. Principal Place of Business

Mailing Address

3. Mailing Address

1124 HERITAGE DRIVE

GROVELAND FL 34736

1124 HERITAGE DR				6747 EDGEWORTH DR									
Suite, Apt.	. #, etc.		Sui	te, Apt. #, etc.				CHECK HERE IF	MAKING CHA	NGES			
City & State GROVE LAND FC				y & State RLANDO	Gr .	4. FEI Num		^{umber} 59-3748914			Applied For Not Applicable		
Zip		Country	Zip		Country				<u> </u>		ditional	1	
347		LAKE.		2819	ORAN	<u>s∈ </u>	5. Certificate of Sta	<u> </u>	Fee F	Require			
	6. Name	and Address of C	urrent Hegister	ed Agent	Name		7. Name and Add	ess of New Reg	istered Agent			ļ	
VERHAEGEN, MARK								•					
1124 HERITAGE DRIVE				Street Address (O. Box Number is N	ot Acceptable)				l	
	ND FL 3473					•						ĺ	
					City				FL Z	îp Cod	e	ł	
8. The above	named entity	submits this stater	ment for the purp	pose of changing its r	egistered office o	r registere	d agent, or both, in t	he State of Florid	a. I am familia	ur with,	and accept	l	
the obligat	tions of registe	ered agent.											
SIGNATURE .	1												
- 13	Signature, typed o	or printed name of register	ed agent and title if app	olicable. (NOTE:	Registered Agent signa	ture required w	hen reinstating)		DATE				
, Afte	r May 1, 200	! FEE IS \$150.0 3 Fee will be \$50 Florida Departm	50.00					Campaign Finan nd Contribution.	cing		0 May Be i to Fees		
10.		OFFICERS	S AND DIRECTO	I DRS	11.		ADDITIONS/CHAN	IGES TO OFFICE	RS AND DIRE	CTOR	S IN 11	(
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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 accorde 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 in changed, or on an attachment with an address, with all other like empowered. decrease and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: