2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90175 010 ***150.00

DOCUMENT # P02000014623

1. Entity Name
MARLEE CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
ONE LAS OLAS CIRCLE #710	~~ONE LAS OLAS CIRCLE #710~~
~~FT~~ LAUDERDALE FL 33316 - 1636 FORT	~~FT LAUDERDALE FL 33316~~ c/o GRUBER AND ASSOCIATES, PA 6550 NORTH FEDERAL HIGHWAY 522 FORT LAUDERDALE FL 33308-1404

2. Principal Place of Business	3. Mailing Address
	c/o GRUBER AND ASSOCIATES, P.A.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6550 NORTH FEDERAL HIGHWAY, #522
City & State FORT	City & State FORT LAUDERDALE, FL
Zip 33316-1636 Country US	Zip 33308-1404 Country US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0382650 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~FINANCIAL FOUNDATIONS, INC.~~	Name SANDRA L. SADOWSKI
~~3150 SANDY RIDGE DRIVE~~	Street Address (P.O. Box Number is Not Acceptable) ONE LAS OLAS CIRCLE, # 710
~~CLEARWATER FL 33761~~	City FORT LAUDERDALE, FL Zip Code 33316-1636

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 2/13/03 SANDRA L. SADOWSKI, PRES 2/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D SADOWSKI, SANDRA L. ONE LAS OLAS CIRCLE #710 FT LAUDERDALE FL 33316 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D L. FORT 33316-1636 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D SADOWSKI, PAUL L. ONE LAS OLAS CIRCLE, #710 FORT LAUDERDALE, FL 33316-1636 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D PAUL L. SADOWSKI ONE LAS OLAS CIRCLE, #700 FORT LAUDERDALE, FL 33316-1636 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: [signature] 2/13/03 2/13/03 SANDRA L. SADOWSKI, PRES 954-522-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)