## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBF** P02000026196 DOCUMENT #

Principal Place of Business

480 LIVINGSTON RD

NAPLES FL 34109

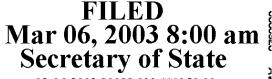
A MARBLE M.D., INC.

1 Entity Name

Mailing Address 480 LIVINGSTON RD NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address



03-06-2003 90099 011 \*\*\*150.00

70025340



Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES <u>34500</u> City &'State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent لعربين مترمد والمراج وتباري ELDRIDGE, CATHRYN O Street Address (P.O. Box Number is Not Acceptable) **480 LIVINGSTON RD** NAPLES FL 34109 VINDSTO 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 ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THIE ☐ Delete TITLE ELDRIDGE, JAMES L NAME NAME **480 LIVINGSTON RD** 13450 Old Livingston Road STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition ELDRIDGE, CATHRYN O NAME NAME 13450 Old Livingston Road **480 LIVINGSTON RD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP TITLE Delete. TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 in the corporation of 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 the corporation of 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 the corporation of 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 the corporation of 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 the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the receiver of the receiver of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the receiver of the rece 10 or Block 11 if