

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90111 013 ***150.00

DOCUMENT # P02000037767

1. Entity Name
MARNITA CORP.



Principal Place of Business
707 DEL WEBB LBVD WEST
SUN CITY CENTER FL 33573

Mailing Address
707 DEL WEBB LBVD WEST
SUN CITY CENTER FL 33573



2. Principal Place of Business

9211, DAYFLOWER DR.

3. Mailing Address

P.O. BOX 46175

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

03-0420024

Applied For

Not Applicable

Zip
33647

Country
USA

Zip
33647

Country
USA

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

PYLE, TERRENCE F

707 DEL WEBB LBVD WEST

SUN CITY CENTER FL 33573

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 D ☒ Delete
NAME PYLE, TERRENCE F
STREET ADDRESS 707 DEL WEBB LBVD WEST
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE P, S, T, D ☐ Change ☒ Addition
NAME RAY, PAUL L.
STREET ADDRESS 9211 DAYFLOWER DR.
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V, D ☐ Change ☒ Addition
NAME SMITH, POWELL M. III
STREET ADDRESS 8937 GARDEN RIDGE
CITY-ST-ZIP SAN ANTONIO, TX 78226

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME SMITH, ANITA
STREET ADDRESS 8937 GARDEN RIDGE
CITY-ST-ZIP SAN ANTONIO, TX 78226

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME BOLES, RALPH ELMER
STREET ADDRESS 1907 NE 118th Rd.
CITY-ST-ZIP Miami, FL 33181

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME RAY, CHRISTOPHER M.
STREET ADDRESS 18317 BROOKPARK DR
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date January 17, 2003 Daytime Phone #

CR2E034 (10/02)