

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90162 017 ***150.00

05400701 AT

DOCUMENT # P02000046652



1. Entity Name
MARDON, INC.

Principal Place of Business
**105 N. RAMONA AVENUE
LAKE ALFRED FL 33850**

Mailing Address
**105 N. RAMONA AVENUE
LAKE ALFRED FL 33850**

2. Principal Place of Business
5183 U.S. HWY 98 N.
Suite, Apt. #, etc.

3. Mailing Address
5183 U.S. HWY 98 N.
Suite, Apt. #, etc.

City & State
LAKELAND, FL
Zip
33809
Country
USA

City & State
LAKELAND, FL
Zip
33809
Country
USA

4. FEI Number
30-0083565

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GRIFFITH, DONALD W
105 N. RAMONA AVENUE
LAKE ALFRED FL 33850**

7. Name and Address of New Registered Agent

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 _____ (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 <input type="checkbox"/> Delete
NAME	BICHLER, MARIANNE
STREET ADDRESS	105 N. RAMONA AVENUE
CITY-ST-ZIP	LAKE ALFRED FL 33850
TITLE	D <input type="checkbox"/> Delete
NAME	GRIFFITH, DONALD W
STREET ADDRESS	105 N. RAMONA AVENUE
CITY-ST-ZIP	LAKE ALFRED FL 33850
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **Marianne Bichler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 22, 2003 (863) 858-2000
Date Daytime Phone #

CR2E034 (10/02)