

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-03-2003 90843 033 ***150.00

US-44437 AV

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1. Entity Name
MARCO REALTY REFERRALS, INC.

Principal Place of Business
**456 ADIRONDACK CT
MARCO ISLAND FL 34145**

Mailing Address
**456 ADIRONDACK CT
MARCO ISLAND FL 34145**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1069 North Collier Blvd

3. Mailing Address

Suite, Apt. #, etc.
Suite 213

Suite, Apt. #, etc.

City & State
MARCO ISLAND, FL

City & State

4. FEI Number
75-3058721

Applied For
Not Applicable

Zip
34145

Country
USA.

Zip Country

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

**WEBSTER, RONALD S
ROYAL PALM MALL
985 N COLLIER BLVD
MARCO ISLAND FL 34145**

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 Delete
NAME **PST POWELL, ROCCO W JR.**
STREET ADDRESS **456 ADIRONDACK CT**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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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 all other like empowered.

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

Date **2-27-03** Daytime Phone # **239-642-2006**

CR2E034 (10/02)