

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90218 026 ***150.00

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DOCUMENT # P02000060552

1. Entity Name
MARIAN ENTERPRISES, INC.



Principal Place of Business
**2600 CLEARLAKE ROAD #1-E
COCOA FL 32922**

Mailing Address
**2600 CLEARLAKE ROAD #1-E
COCOA FL 32922**



2. Principal Place of Business
Suite, Apt. #, etc.
1600 S. US HIGHWAY 27 #105

3. Mailing Address
Suite, Apt. #, etc.
1600 S. US HWY 27 #105

City & State
CLERMONT FL

City & State
CLERMONT FL

Zip
34711

Country
LAKE

Zip
34711

Country
LAKE

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**OSUCH
PSUCH, MARIAN
2600 CLEARLAKE ROAD #1-E
COCOA FL 32922**

7. Name and Address of New Registered Agent
Name
OSUCH MARIAN

Street Address (P.O. Box Number is Not Acceptable)
1600 S. US HWY 27 #105

City
CLERMONT FL

Zip Code
34711

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 *Marian Osuch* (NOTE: Registered Agent signature required when reinstating)

DATE 02/19/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSUCH, MARIAN 2600 CLEARLAKE ROAD #1-E COCOA FL 32922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OSUCH, ELZBIETA 2600 CLEARLAKE ROAD #1-E COCOA FL 32922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OSUCH MARIAN 1600 S. US HWY 27 #105 CLERMONT, FL 34711	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OSUCH ELZBIETA 1600 S. US HWY 27 #105 CLERMONT, FL 34711	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marian Osuch* **SIGNATURE REQUIRED** DATE 02/19/03 DAYTIME PHONE # (352)243-1025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)