

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90164 019 ***150.00

0050598 AV

DOCUMENT # P02000063814

1. Entity Name
MARLOWE FINANCIAL SERVICES, INC.



Principal Place of Business
1025 KANE CONCOURSE, SUITE 209
BAY HARBOR ISLANDS FL 33154

Mailing Address
1025 KANE CONCOURSE, SUITE 209
BAY HARBOR ISLANDS FL 33154



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

32001 9232

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

7. Name and Address of New Registered Agent

BRUCE, M. CATHERINE
1025 KANE CONCOURSE, SUITE 209
BAY HARBOR ISLANDS FL 33154

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

M. Catherine Bruce

7-8-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **BRUCE, M. CATHERINE**
STREET ADDRESS **9102 W. BAY HARBOR DRIVE., #3-CW**
CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

M. Catherine Bruce

7-8-03

305-866-4808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
Marlowe Financial Services Inc.

90142032

~~#~~PO2000063814

July 8, 2003

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL, 32302-1500

RE: Fee for Uniform Business Report

Gentlemen:

I received this my first notice of the Uniform Business Report and I have enclosed the signed report and my check for \$150.00. I would appreciate your waiving the late penalty as I was not aware that this had to be filed and paid. I was incorporated in June of 2002 and have received absolutely no prior notice or correspondence relating to this report and fee.

Thank you.

Sincerely,

Marlowe Financial Services Inc.

M. Catherine Bruce

M. Catherine Bruce
Director/Secretary