

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 03, 2006 8:00 am  
Secretary of State

04-03-2006 90370 005 \*\*\*158.75

DOCUMENT # P020000096424

1. Entity Name

MARCOR FINANCIAL SERVICES INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

103 CRESTWOOD AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

60024022

DO NOT WRITE IN THIS SPACE

City & State

PALATKA, FL

City & State

4. FEI Number

52-2376365

Applied For

Not Applicable

Zip

Country

Zip

Country

32177

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

KENNETH GREINER

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

103 CRESTWOOD AVE

City

PALATKA

FL

Zip Code

32177

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

KENNETH GREINER  
103 CRESTWOOD AVE  
PALATKA FL 32177

TITLE  
NAME  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #