

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90031 029 ***158.75

DOCUMENT # P02000096424	
1. Entity Name	
MARCOR FINANCIAL SERVICES INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 762 COPPERHEAD CIRCLE Suite, Apt. #, etc.		3. Mailing Address 762 COPPERHEAD CIRCLE Suite, Apt. #, etc.	
City & State ST AUGUSTINE, FL		City & State ST AUGUSTINE	
Zip 32092	Country ST JOHNS	Zip 32092	Country ST JOHNS

4. FEI Number 52-2376365	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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) 762 COPPERHEAD CIRCLE	
City ST AUGUSTINE	FL Zip Code 32092

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 *Kenneth Greiner* **TREASURER** 3/14/2007
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KENNETH GREINER 762 COPPERHEAD CIRCLE ST AUGUSTINE FL 32092	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARTHA GREINER 762 COPPERHEAD CIRCLE ST AUGUSTINE FL 32092	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Kenneth Greiner* **KENNETH GREINER** 3/14/2007 (740) 971-6933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #