

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0143684  
AT

DOCUMENT # P02000105924

1. Entity Name  
MARINER HOME DEVELOPMENT, INC.



FILED

03 SEP 30 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3650 NE INDIAN RIVER DR  
JENSEN BCH FL 34957

Mailing Address  
PO BOX 12891  
FT. PIERCE FL 34979



2. Principal Place of Business OCEANVIEW  
1045 NE OCEANVIEW  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 12891  
Suite, Apt. #, etc.

City & State  
Jensen Beach, FL  
Zip 34957 Country USA

City & State  
FT. PIERCE, FL  
Zip 34979 Country USA

4. FEI Number  
56-2300657

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

TREFELNER, JAMES D  
3650 NE INDIAN RIVER DR  
JENSEN BCH FL 34957

## 7. Name and Address of New Registered Agent

Name Arthur D. Noble Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
1045 NE OCEANVIEW CR.  
City JENSEN BEACH FL 34957

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 Arthur D. Noble Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE 9-20-03

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

TITLE D ☐ Delete  
NAME TREFELNER, JAMES D  
STREET ADDRESS 3650 NE INDIAN RIVER DR  
CITY-ST-ZIP JENSEN BCH FL 34957

TITLE D ☐ Delete  
NAME NOBLE, ARTHUR  
STREET ADDRESS P.O. BOX 12891  
CITY-ST-ZIP FT PIERCE FL 34979

TITLE   ☐ Delete  
NAME    
STREET ADDRESS    
CITY-ST-ZIP  

TITLE   ☐ Delete  
NAME    
STREET ADDRESS    
CITY-ST-ZIP  

TITLE   ☐ Delete  
NAME    
STREET ADDRESS    
CITY-ST-ZIP  

TITLE   ☐ Delete  
NAME    
STREET ADDRESS    
CITY-ST-ZIP  

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE   ☒ Change ☐ Addition  
NAME TREFELNER, JAMES D  
STREET ADDRESS P.O. BOX 12891  
CITY-ST-ZIP FT. PIERCE, FL 34979

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

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

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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 9-20-03 (772) 260-9904

Daytime Phone #

CR2E034 (4/03)