

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000105924**

1. Entity Name

MARINER HOME DEVELOPMENT, INC.



FILED

03 SEP 30 PM 1:10

0145410  
AT

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**

3. Mailing Address  
**PO Box 12891**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Jensen Beach, FL**

City & State  
**FT. PIERCE, FL**

Zip **34957** Country **USA**

Zip **34979** Country **USA**

4. FEI Number

**56-2300657**

Applied For

Not Applicable

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 Zip Code **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.**

**9-20-03**

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TREFELNER, JAMES D**  Change  Addition  
**P.O. Box 12891**  
**FT. PIERCE, FL 34979**

Change

Addition

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**900023417679**  
09/30/03--01022--009 \*\*750.00

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-20-03 (72) 260-5904**

Date

Daytime Phone #

CR2E034 (4/03)