

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000111603

1. Entity Name  
MARVEL DAY INC.



FILED

03 MAY -1 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2125 JACKSON BLUFF RD. SUITE W-203  
TALLAHASSEE, FL 32304

Mailing Address  
2125 JACKSON BLUFF RD. SUITE W-203  
TALLAHASSEE, FL 32304

2. Principal Place of Business

3. Mailing Address

1817 West Call Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite E-14

City & State

City & State

Tallahassee, FL

Zip

Country

Zip

32304

Country

USA

4. FEI Number

06-1653451

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

03

6. Name and Address of Current Registered Agent

DAUPHIM, MARVEL  
2125 JACKSON BLUFF RD. SUITE W-203  
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name Marvel Dauphin

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

1817 West Call Street Suite E-14

City Tallahassee

FL

Zip Code

32304

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]*

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

(NOTE: Registered Agent Signature required when reinstating)

03/23/03

DATE

FILE NOW!!! FEE IS \$160.00  
After May 1, 2003 Fee will be \$550.00  
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 Chairman  
NAME Marvel Dauphin  
STREET ADDRESS 1817 West Call Street E-14  
CITY-ST-ZIP Tallahassee, FL 32304

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

NAME  
STREET ADDRESS  
CITY-ST-ZIP

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

NAME  
STREET ADDRESS  
CITY-ST-ZIP

600017842346

05/01/03--01079--001 \*\*150.00

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/03

Date

(250) 443-7991

Daytime Phone #

CR2E034 (10/02)