

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90144 008 \*\*\*550.00

**DOCUMENT # P02000128862**

1. Entity Name

THE MARJORIE GROUP, INC.



Principal Place of Business  
608 BOARS HEAD DRIVE  
PORT ORANGE FL 32127

Mailing Address  
608 BOARS HEAD DRIVE  
PORT ORANGE FL 32127

**55046394**



2. Principal Place of Business

~~PORT ORANGE, FL~~  
608 BOARS HEAD DR

3. Mailing Address

608 BOARS HEAD DR  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

PORT ORANGE 32127  
FL

City & State

PORT ORANGE 32127  
FL

4. FEI Number

52-2389099

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGAL ZOOM NEVADA, INC.  
395 ALHAMBRA CIRCLE, SUITE 301  
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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 fee if applicable.

*[Signature]*  
(NOTE: Registered Agent signature required when reinstating)

5/3/03  
DATE

**FILE NOW!!! FEE IS \$150.00**

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: PRESIDENT  
NAME: GIL B Bellefeuille  
STREET ADDRESS: 608 BOARS HEAD DR  
CITY-ST-ZIP: PORT ORANGE, FL 32127

TITLE: RUTH Bellefeuille  
NAME: RUTH Bellefeuille  
STREET ADDRESS: 608 BOARS HEAD DR  
CITY-ST-ZIP: PORT ORANGE FL 32127

TITLE: TREASURER  
NAME: TREASURER  
STREET ADDRESS: TREASURER  
CITY-ST-ZIP: TREASURER

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: Delete

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: Delete

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 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

368-389-5407

CR2E034 (10/02)