2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P02000134534

1. Entity Name MARISSTER'S, INC.



Principal Place of Business Mailing Address 307 INNER HARBOUR CIRCLE 307 INNER HARBOUR CIRCLE **TAMPA FL 33602** TAMPA FL 33602 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 51-0440129 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ____ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LASMAN, JEFFREY M ESQ. Street Address (P.O. Box Number is Not Acceptable) OWENS LAW GROUP, P.A. 811-B CYPRESS VILLAGE BOULEVARD RUSKIN FL 33573 City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P/T TITLE TITLE ☐ Addition PVST Delete NAME WALTERS, MARC J NAME Walters, Marc J. 307 Inner Harbour Circle STREET ADDRESS 307 INNER HARBOUR CIRCLE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP Tampa FL 33602 TITLE ☐ Delete TITLE ☐ Change Addition D NAME NAME Walters, Marc J STREET ADDRESS STREET ADDRESS 307 INNER HARBOUR CIRCLE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 Addition ☐ Delete **V/**S ☐ Change TITLE TITLE NAME NAME Walters, Melissa P. STREET ADDRESS STREET ADDRESS 307 Inner Harbour Circle CITY-ST-ZIP CITY-ST-ZIP Tampa, F. 33602 ☐ Change Addition TITLE ☐ Delete TITLE Walters, Melissa P. STREET ADDRESS STREET ADDRESS 307 Inner Harbour Circle CITY-ST-ZIP CITY-ST-ZIP 1ampa, 12 33602 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP 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. NING OFFICER OR DIRECTOR Date Date

Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91033 039 ***150.00