


2005 FOR PROFIT CORPORATION REINSTATEMENT

B 192

FILED
05 DEC 16 AM 8:30
TALLAHASSEE, FLORIDA

DOCUMENT # P04000115891

1. Entity Name
MARCO BACK NINE, INC.



Principal Place of Business
**228 CAPISTRANO CT.
MARCO ISLAND, FL 34145**

Mailing Address
**228 CAPISTRANO CT.
MARCO ISLAND, FL 34145**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



12082005 REIN-P CR2E098 (6/04)

4. FEI Number
002-22-4908

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**TUCKER, EDMOND G
950 N. COLLIER BLVD.
SUITE 204
MARCO ISLAND, FL 34146**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
SAME
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 *Edmond G. Tucker* DATE 12/13/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STACKPOLE, ROBERT E 228 CAPISTRANO CT. MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

REINSTATEMENT Change ☒ Addition ☐

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Roberts DEC 20 2005	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	40006222574 12/16/05--01024--011 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert E. Stackpole* DATE 12/13/05 DAYTIME PHONE # 239-642-6204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#22

12/13/05

DEAR SIR,

JUST FINISHED TALKING WITH A MAN IN YOUR OFFICE. HE TOLD ME BECAUSE I HADN'T RECEIVED MY NOTICE OF FILING FOR 2005, TO SEND A CHECK FOR \$150.00 AND ASK FOR A WAIVER. MY AGENT DOESN'T RECOLLECT SEEING A NOTICE EITHER.

WITH MY CHECK I'M PAYING AN ADDITIONAL \$8.75 FOR A CERTIFICATE OF STATUS.

Sincerely

Paul Steinfeld