

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019701

1. Entity Name

MARCO MOVIES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90040 045 ***150.00

Principal Place of Business

2500 TAMiami TRAIL NORTH
SUITE 112
NAPLES FL 34103
US

Mailing Address

2500 TAMiami TRAIL NORTH
SUITE 112
NAPLES FL 34103-4421
US

2. Principal Place of Business

3. Mailing Address

6425 ESTERO Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. MYERS BEACH, FL.

4. FEI Number

65-0407771

Applied For

Not Applicable

Zip

Country

Zip

Country

33931

LEE

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

HOFFMAN, HARVEY B
2500 TAMiami TRAIL NORTH
SUITE 112
NAPLES FL 34103

Name

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

6425 ESTERO Blvd.

City

FT. MYERS BEACH

FL

Zip Code

33931

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HOFFMAN, HARVEY B**
STREET ADDRESS **2500 TAMiami TRAIL NORTH SUITE 112**
CITY-ST-ZIP **NAPLES FL 34103**
TITLE **VP** ☐ Delete
NAME **HANSEN, JON F**
STREET ADDRESS **178 EDMERE WAY S.**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **ST-** ☐ Delete
NAME **SHUMWAY, CHARLES**
STREET ADDRESS **304 LOUISIDE DR.**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)