

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90103 022 \*\*\*550.00

**DOCUMENT # P93000019701**

1. Entity Name  
**MARCO MOVIES, INC.**

Principal Place of Business  
**599 SWT COLLIER BLVD**  
**MARCO ISLAND FL 34145**  
**US**

Mailing Address  
**6425 ESTERO BLVD**  
**FORT MYERS BEACH FL 33961**  
**US**

00154360



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**4851 Tamiami Trail North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 300**

City & State

City & State

**NAPLES, FL**

Zip

Country

Zip

Country

**34103**

**US**

4. FEI Number

**65-0407771**

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

**HOFFMAN, HARVEY B**  
**6425 ESTERO BLVD**  
**FORT MYERS BEACH FL 33961**

Name

**Harvey B. Hoffman**

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

**4851 Tamiami Trail North**

**Suite 300**

City

**NAPLES**

**FL**

Zip Code

**34103**

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]*

**7/20/02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**P**  
NAME  
**HOFFMAN, HARVEY B**  
STREET ADDRESS  
**2600 TAMIAHI TRAIL NORTH SUITE 112**  
CITY-ST-ZIP  
**NAPLES FL 34103**

☐ Delete

TITLE  
**P**  
NAME  
**Harvey B. Hoffman**  
STREET ADDRESS  
**4851 Tamiami Trail North #300**  
CITY-ST-ZIP  
**NAPLES, FL 34103**

☒ Change

☐ Addition

TITLE  
**VP**  
NAME  
**HANSEN, JON F**  
STREET ADDRESS  
**178 EDMERE WAY S.**  
CITY-ST-ZIP  
**NAPLES FL 34105**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Delete

TITLE  
**ST**  
NAME  
**Charles Shumway**  
STREET ADDRESS  
**376 Edgemere Way North**  
CITY-ST-ZIP  
**NAPLES, FL 34105**

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Change

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☐ Change

☐ Addition

CR2034 (4/02)

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/20/02 (235) 430-8100**

Date

Daytime Phone #