2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State
02-11-2000 90029 002 ***150.00

DOCUMENT # P93000050432

1. Entity Name

GARY MARZO, INC.

Principal Place of Business	Mailing Address
1277 S.W. BILTMORE STREET PORT ST. LUCIE F 34983	P.O. BOX 8955 PORT ST. LUCIE FL 34985-8955

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1290 B SW Biltmore St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie Fl.	City & State
Zip: 34983 Country	Zip Country

4. FEI Number 65-0434155 ☐ 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
MARZO, GARY 1290B-SW BILTIMORE ST PORT ST. LUCIE FL 34983	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.

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

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARZO, GARY PO BOX 8955, 1290B SW BILTMORE ST PORT ST. LUCIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HEATH, WILLIAM P.O. BOX 8955, 358 JOHNSTON ST. PORT ST. LUCIE FL 34985	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition V Heath, William P.O Box 8955, 1290 B- SW Biltmore St. Port St. Lucie Fl. 34985
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VARRICCHIO, RAYMOND P.O. BOX 8955, 1642 SE SHEPARD LANE PORT ST. LUCIE FL 34985	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition S Varricchio, Raymond P.O Box 8955, 1290B- SW Biltmore St. Port St. Lucie Fl. 34985
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARZO, LYNN PO BOX 8955, 1290B-SW BILTMORE ST PORT ST. LUCIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Lynn Marzo / Lynn Marzo 2/7/00 (561) 465-2489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #