2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90078 039 ***150.00

066600 AV

DOCUMENT # P93000050432

1. Entity Name
GARY MARZO, INC.

Principal Place of Business	Mailing Address
891 A SW LAKEHURST DR PORT SAINT LUCIE FL 34983	P.O. BOX 8955 PORT ST. LUCIE FL 34985

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
861 A-SW Lakehurst Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St Lucie FL	City & State
Zip: 34983 Country: ST. Lucie	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: Gary Marzo Street Address (P.O. Box Number Is Not Acceptable): 861-A SW Lakehurst Dr. City: Port St. Lucie FL Zip Code: 34983

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, 2002 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 P.O. BOX 8955 861-A SW LAKEHURST DR PORT ST LUCIE FL 34985	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HEATH, WILLIAM PO BOX 8955 861-A SW LAKEHURST DR PORT ST LUCIE FL 34985	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VARRICCHIO, RAYMOND PO BOX 8955 861-A LAKEHURST DR PORT ST. LUCIE FL 34985	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARZO, LYNN PO BOX 8955 861 A SW LAKEHURST DR PORT ST LUCIE FL 34985	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 3-26-02 561-465-2489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #