

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90069 033 ***150.00

DOCUMENT # P93000056463

1. Entity Name
MARNELL, INC.

Principal Place of Business
1035 HARBOR LAKE DRIVE
SAFETY HARBOR FL 34695
US

Mailing Address
P.O. BOX 1176
SAFETY HARBOR FL 34695
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3198823

Applied For
☐ Not Applicable

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

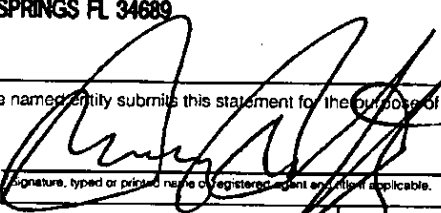
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, MARTIN S
1031 RIVERSIDE RIDGE RD.
TARPON SPRINGS FL 34689

Name **Bruce Boltze**
 Street Address (P.O. Box Number is Not Acceptable)
576 Still meadows Circle
 City **Palm Harbor FL** Zip Code **34683**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE **4-18-02**

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Delete
 NAME **ROSS, MARTIN S**
 STREET ADDRESS **1031 RIVERSIDE RIDGE ROAD**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **Bruce Boltze President** ☐ Change ☒ Addition
 NAME **Bruce Boltze**
 STREET ADDRESS **576 Still meadows Circle**
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **SD** ☒ Delete
 NAME **ROSS, ELLEN**
 STREET ADDRESS **1031 RIVERSIDE RIDGE ROAD**
 CITY-ST-ZIP **TARPON SPRINGS FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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 #

4-18-02

CR2E034 (9/01)