2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 01, 2000 8:00 am DOCUMENT # **P9300064098** Secretary of State 1. Entity Name MAR-MAK, INC. 06-01-2000 90276 024 ***150.00 Principal Place of Business Mailing Address POST OFFICE BOX 24335 2508 TAMPA BAY BLVD TAMPA FL 33623-4335 SHITE D TAMPA FL 33607 HS us. 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0438989 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, JUANITA Street Address (P.O. Box Number is Not Acceptable) 2508 TAMPA BAY BLVD **TAMPA FL 33607** City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD ☐ Addition TITLE Delete TITLE WILLIAMS, WILBERT NAME NAME STREET ADDRESS STREET ADDRESS 3009 LEMON STREET CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33609** Change ☐ Addition STD ☐ Delete TITLE TITLE NAME WILLIAMS, JUANITA NAME STREET ADDRESS STREET ADDRESS 3009 LEMON STREET CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33609 ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 is changed, or on an attachment with an address, with all other like empowered.

13. Thereby 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