

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067828

1. Entity Name
MARCO BAY RENTALS, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90033 045 ***150.00

Principal Place of Business
277 N COLLIER BLVD
UNIT 7
MARCO ISLAND FL 34145
US

Mailing Address
277 N COLLIER BLVD
UNIT 7
MARCO ISLAND FL 34145
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
870 BALD FAULK DR.
Suite, Apt. #, etc.
UNIT 6B

3. Mailing Address
870 BALD FAULK DR.
Suite, Apt. #, etc.
UNIT 6B

City & State
UNIT 6B

City & State
UNIT 6B

Zip Country
UNIT 6B

Zip Country
UNIT 6B

4. FEI Number **65-0441660** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LAVELA, DEBBIE
277 N COLLIER BLVD
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
870 BALD FAULK DR., UNIT 6B
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 _____
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, 2001 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	PD LAVELA, DEBBIE 277 N COLLIER BLVD MARCO ISLAND FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	870 BALD FAULK DR, UNIT 6B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACGREGOR, ANN 1012 ANGLERS COVE, D-410 MARCO ISLAND FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Debbie Lavela** **DEBBIE LAVELA** 4/10/01 941-394-8851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)