

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91751 044 ***150.00

DOCUMENT # P94000000698

1. Entity Name

MARLIN BUILDERS DEVELOPMENT, CORP.

Principal Place of Business

Mailing Address

~~10230 SR 84~~
~~DAVIE FL 33324~~
~~US~~

~~10230 SR 84~~
~~DAVIE FL 33324~~
~~US~~

2. Principal Place of Business

3. Mailing Address

105 NW 5th Ave

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT LAUDERDALE, FL

4. FEI Number

65-0485926

Applied For

Not Applicable

Zip

Country

Zip

Country

33311

FLORIDA

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

HEAVNER, GERALD C CPA

~~10230 SR 84~~

~~DAVIE FL 33324~~

Name
 Street Address (P.O. Box Number is Not Acceptable)

105 NW 5th Ave

City **FT. LAUDERDALE** **FL**

Zip Code **33311**

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

Gerald C. Heavner

Signature, typed or printed name of registered agent and fee 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 ☐ Delete
 NAME **D HEAVNER, GERALD C**
 STREET ADDRESS **3203 NW 87TH AVENUE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33085**

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

TITLE ☐ Delete
 NAME **D SEVERIN, SEVERIN W**
 STREET ADDRESS **13400 SW 14TH COURT**
 CITY-ST-ZIP **DAVIE FL 33325**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Gerald C. Heavner **GERALD C. HEAVNER** 4/17/02 954 618-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)