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2002 UNIFORM BUSINESS REPORT (UBR) Jan 15, 2002 8:00 am **DOCUMENT #** P94000023987 **Secretary of State** 1. Entity Name 01-15-2002 90040 022 ***150.00 MARBON, INC. Principal Place of Business Mailing Address 821 27TH ST 821 27TH ST 900828 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address 3 1501 53 Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0495204 Mangonia Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33407 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BONIESKI, VERA E Street Address (P.O. Box Number is Not Acceptable) 821 27 H STREET WEST PALM BEACH FL 33407 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete Bonieski **BONIESKI, MARILYN** NAME NAME 707 SUNNY SOUTH AVE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP Mangonia Park, FL 33407 TITLE Delete 🔀 Change Vera E. Bonieski BONIESKI, EDWARD C NAME NAME 1501 53 Street 821 27TH ST STREET ADDRESS STREET ADDRESS 33407 CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP Mangonia Park, Fr TITLE Delete TITLE ☐ Addition BONIESKI, VERA E NAME NAME **821 27TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition M Bonieski NAME NAME Sunny South Are. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bounton Beach, FL TITLE ☐ Delete TITLE ☐ Change ☐ 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 chapter 607 are attachment with an address, with all the file empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

561/841-4868

☐ Change

☐ Addition