

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064395

1. Entity Name

MAREN REALTY, INC.

Principal Place of Business

Mailing Address

2885 ELECTRONICS DRIVE  
MELBOURNE FL 32935

2885 ELECTRONICS DRIVE  
MELBOURNE FL 32935-2162

FILED

Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90070 038 \*\*\*150.00

628263



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10846 S. Tropical Trail

3. Mailing Address

10846 S. Tropical Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Meritt Island, FL

City & State

Meritt Island, FL

4. FEI Number

59-3264540

Applied For

Not Applicable

Zip

Country

32952

Zip

Country

32952

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

MARCOLINI, RICHARD P  
2885 ELECTRONICS DRIVE  
MELBOURNE FL 32935

Name  
Marcolini, Patricia A

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

10846 S. Tropical Trail

City

Meritt Island

FL

Zip Code

32952

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]* 3/15/00

*Patricia Marcolini* 3-15-00

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	MARCOLINI, RICHARD P	
STREET ADDRESS	2885 ELECTRONICS DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcolini, Patricia A	
STREET ADDRESS	10846 S. Tropical Trail	
CITY-ST-ZIP	Meritt Island, FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Patricia Marcolini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

Date

321-779-8774

Daytime Phone #

CR2E034 (9/99)