

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90070 038 ***150.00

DOCUMENT # P94000064395

1. Entity Name
MAREN REALTY, INC.

Principal Place of Business Mailing Address
2885 ELECTRONICS DRIVE **2885 ELECTRONICS DRIVE**
MELBOURNE FL 32935 **MELBOURNE FL 32935-2162**

028203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10846 S. Tropical Trail **10846 S. Tropical Trail**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Merrit Island, FL **Merrit Island, FL** **59-3264540** Not Applicable

Zip Country Zip Country 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: **Merrit 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: **3/15/00** **3-15-00**
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, 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	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARCOLINI, RICHARD P		NAME Marcolini, Patricia A	
STREET ADDRESS 2885 ELECTRONICS DRIVE		STREET ADDRESS 10846 S. Tropical Trail	
CITY-ST-ZIP MELBOURNE FL 32935		CITY-ST-ZIP Merrit Island, FL 32952	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **3-15-00** **321-779-8794**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)