

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025488

1. Entity Name

MARUSS INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 PM 2:57



DO NOT WRITE IN THIS SPACE

Principal Place of Business

14036 COLONIAL GRAND BLVD
#808
ORLANDO FL 32837
US

Mailing Address

14036 COLONIAL GRAND BLVD
#808
ORLANDO FL 32837
US

2. Principal Place of Business

14594 QUAIL TRAIL CIR

3. Mailing Address

14594 QUAIL TRAIL CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3304798

Applied For

Not Applicable

Zip

32837

Country

USA

Zip

32837

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLAGHER, MARTIN

14036 COLONIAL GRAND BLVD
#808
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

GALLAGHER, MARTIN

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

14594 QUAIL TRAIL CIR

City

ORLANDO

FL

Zip Code

32837

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

MARTIN GALLAGHER

PRESIDENT

4-SEP-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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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

TITLE P
NAME GALLAGHER, MARTIN J
STREET ADDRESS 14036 COLONIAL GRAND BLVD 808
CITY-ST-ZIP ORLANDO FL 32837

☐ Delete

TITLE S
NAME GALLAGHER, SUSAN C
STREET ADDRESS 14036 COLONIAL GRAND BLVD 808
CITY-ST-ZIP ORLANDO FL 32837

☐ Delete

TITLE V
NAME HOWARD, RUSSELL F
STREET ADDRESS 14352 COLONIAL GRAND BLVD, #2506
CITY-ST-ZIP ORLANDO FL 32837

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

14594 QUAIL TRAIL CIR
ORLANDO FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

14594 QUAIL TRAIL CIR
ORLANDO FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

3000002414369-4
-10/05/00-01020-018
***\$550.00 ***\$550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-SEP-00

Date

407-859-4121

Daytime Phone #

CR2E034 (5/00)