

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90122 026 \*\*\*150.00

**DOCUMENT # P95000061703**

1. Entity Name  
**MARNICOHNOTT, INC.**



Principal Place of Business  
**880 17TH ST  
VERO BEACH FL 32960  
US**

Mailing Address  
**880 17TH ST  
VERO BEACH FL 32960  
US**



2. Principal Place of Business  
**1186 38th AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1186 38th AVE**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**VERO BEACH FL**  
Zip  
**32960**  
Country  
**USA**

City & State  
**VERO BEACH FL**  
Zip  
**32960**  
Country  
**USA**

4. FEI Number  
**65-0600993**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ANTONINO, MARLA  
880 17TH ST  
VERO BEACH FL 32960**

**7. Name and Address of New Registered Agent**

Name  
**MARLA ANTONINO**  
Street Address (P.O. Box Number is Not Acceptable)  
**1186 38th AVE**  
City  
**VERO BEACH** **FL** Zip Code  
**32960**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
ANTONINO, MARLA  
880 17TH ST  
VERO BEACH FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
MARLA ANTONINO  
1186 38th AVE  
VERO BEACH FL** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
ANTONINO, NICK  
880 17TH STREET  
VERO BEACH FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
NICK ANTONINO  
1186 38th AVE  
VERO BEACH FL** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. 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 10 or Block 11 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

**7 Jan 03** **772 869-7128**  
Date Daytime Phone #

CR2E034 (10/02)