

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**  
 08-31-2000 90002 001 \*\*\*550.00

**DOCUMENT # P95000067809**

1. Entity Name  
**MARIAH, INC.**

Principal Place of Business

Mailing Address

~~416 E. HILLCREST ST~~  
~~ORLANDO FL 32803~~  
~~US~~

~~416 E. HILLCREST ST~~  
~~ORLANDO FL 32803~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

**3544 Country Lakes Drive**  
 Suite, Apt. #, etc.

**(Same)**  
 Suite, Apt. #, etc.

City & State  
**Orlando FL**

City & State

4. FEI Number **59-3334585**

Applied For  
 Not Applicable

Zip **32812** Country **USA**

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

~~MCDONALD, PETER~~  
~~206 TRANQUILITY COVE~~  
~~ALTAMONTE SPRINGS FL 32701~~  
**Alan Rowe, President**  
**3544 Country Lakes Drive**  
**Orlando, FL 32812**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

(NOTE: Registered Agent Signature required when reinstating)

**8-28-00**  
 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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T**  
 NAME ~~REDMAN, PAULA~~  
 STREET ADDRESS ~~416 E. HILLCREST ST~~  
 CITY-ST-ZIP ~~ORLANDO FL 32803~~

TITLE **Steve Vickers, Secretary**  
 NAME **9567 Kilgore Road**  
 STREET ADDRESS **Orlando, FL 32836**  
☐ Change ☒ Addition

TITLE **D**  
 NAME **ROWE, ALAN, President**  
 STREET ADDRESS **105 WEST COLONIAL DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **Alan Rowe, President**  
 NAME **3544 Country Lakes Drive**  
 STREET ADDRESS **Orlando, FL 32812**  
☒ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

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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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-28-00**  
 Date

Daytime Phone #