

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90824 040 \*\*\*150.00

DOCUMENT # **P95000094302**

1. Entity Name  
**MARLOWE & WEATHERFORD, P.A.**



Principal Place of Business

**1031 W MORSE BLVD  
SUITE 105  
WINTER PARK FL 32789**

Mailing Address

**1031 W MORSE BLVD  
SUITE 105  
WINTER PARK FL 32789**

2. Principal Place of Business

**1150 Louisiana Avenue**

Suite, Apt. #, etc.

**#4**

City & State

**Winter Park, Florida**

Zip

**32789**

Country

**USA**

3. Mailing Address

**1150 Louisiana Avenue**

Suite, Apt. #, etc.

**#4**

City & State

**Winter Park, Florida**

Zip

**32789**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3350978**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WEATHERFORD, WILLIA P JR  
1031 W MORSE BLVD  
SUITE 105  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

**William P. Weatherford, Jr.**

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

**1150 Louisiana Avenue, Suite 4**

City

**Winter Park**

**FL**

Zip Code

**32789**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARLOWE, MICHAEL L</b>	
STREET ADDRESS	<b>318 BRIARWOOD DR</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WEATHERFORD, WILLIAM P</b>	
STREET ADDRESS	<b>1583 HIGHLAND ROAD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)