P95000095887

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 APR 15 AM 9:31

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55025670

DOCUMENT # P95000095887

1. Entity Name
MAR-FLO INVESTMENTS, INC.

Principal Place of Business	Mailing Address
15020 HIGHWAY 574 DOVER, FL 33527	15020 HIGHWAY 574 DOVER, FL 33527

4/15/03 90110 028 $300.00

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3357086 ☐ Applied For ☐ Not Applicable

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
MARTIN, RAY J 15020 HIGHWAY 574 DOVER, FL 33527	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE

[redacted]

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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARTIN, RAY J		NAME		
STREET ADDRESS	15020 HIGHWAY 574		STREET ADDRESS		
CITY-ST-ZIP	DOVER, FL 33527		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARTIN, FLORA T		NAME		
STREET ADDRESS	15020 HIGHWAY 574		STREET ADDRESS		
CITY-ST-ZIP	DOVER, FL 33527		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: R J Mart 4-09-03 813-740-8992-EXT 22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #