

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001100

1. Entity Name

MARBI MILL SERVICES, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90105 048 ***150.00

Principal Place of Business

2760 WHITE WING LANE
WEST PALM BEACH FL 33409

Mailing Address

2760 WHITE WING LANE
WEST PALM BEACH FL 33409-2039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0639169

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

KOCH, MARILYN
2760 WHITE WING LANE
WEST PALM BEACH FL 33409

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, 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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	ASD	<input checked="" type="checkbox"/> Delete
NAME	KOCH, MARILYN	
STREET ADDRESS	2760 WHITE WING LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	KOCH, MARILYN	
STREET ADDRESS	2760 WHITE WING LN	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	Director	<input type="checkbox"/> Delete
NAME	LEYENDECKER, DENISE	
STREET ADDRESS	7196 CRYSTAL LAKE DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	Director	<input type="checkbox"/> Delete
NAME	TOMCU, KERI	
STREET ADDRESS	164 WORTH COURT S.	
CITY-ST-ZIP	WEST PALM BEACH FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEYENDECKER, DENISE	
STREET ADDRESS	7196 CRYSTAL LAKE DR	
CITY-ST-ZIP	W. PALM BEACH, FL 33411	
TITLE	VICE-PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMCU, KERI	
STREET ADDRESS	7170 CRYSTAL LAKE DR.	
CITY-ST-ZIP	W. PALM BEACH, FL 33411	
TITLE	Sect.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK W. KOCH	
STREET ADDRESS	1822 BREAKERS West Ct.	
CITY-ST-ZIP	W. PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Denise Leyendecker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00
Date

561-686-2283
Daytime Phone #

CR2E034 (9/99)