

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013829

1. Entity Name

LADY MARIAN, INC.

Principal Place of Business

307 ADAMS AVENUE APT. 11
CAPE CANAVERAL FL 32920

Mailing Address

307 ADAMS AVENUE APT. 11
CAPE CANAVERAL FL 32953-3243

2. Principal Place of Business

145 CATALINA ISLE DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 2.

Suite, Apt. #, etc.

SAME

City & State

MERRITT ISLAND

City & State

SAME

Zip

32963

Country

FLORIDA

Zip

SAME

Country

SAME

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCQUIOD, MARIAN
307 ADAMS AVENUE APT. 11
CAPE CANAVERAL FL 32920

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

Marian McQuiod

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	PD	<input type="checkbox"/> Delete
NAME	MCQUIOD, BENJAMIN	
STREET ADDRESS	307 ADAMS AVENUE APT. 11	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCQUIOD, MARIAN	
STREET ADDRESS	307 ADAMS AVENUE APT. 11	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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		
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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:

Marian McQuiod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90017 047 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3360521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)