2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000059064** Mar 27, 2000 8:00 am **Secretary of State** MARVITO ENTERPRISES, INC. 03-27-2000 90109 009 ***150.00 Principal Place of Business Mailing Address 20720-CREEKWOOD DRIVE 32922 US HWY 19 N WEOLEY-CHAPEL FL 33544-4325 PALM HARBOR FL 34684 821 BALSARIDGE CRI EW PORT RICHEY FL 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. # etc. Applied For City & State 4. FEI Number City & State 59-3388739 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name DICARLO, MARIE-LOUISE Street Address (P.O. Box Number is Not Acceptable) 28720 CREEKWOOD DRIVE 9821 BACSACIDGE CRI WESLEY SHAPEL FL 33544 NEW PORT RICHEY Zip Code FL 34655-4916 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. HARIE-LOUISE DICARLO FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible .10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 ax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE DICARLO, VITO NAME NAME 9821 BALSARIDGE CRT. NEW PRT. RICHEY, FL 34655-4916 STREET ADDRESS STREET ADDRESS 28720 CREEKWOOD DR-CITY-ST-ZIP CITY-ST-ZIP WESLEY CHAPEL FL 33544 ☐ Delete TITLE TITLE 9821 BALSARIDGE CRT. DICARLO, MARIE L NAME NAME STREET ADDRESS STREET ADDRESS 28720 CREEKWOOD DR-NEW PAT. RICHEY, FL 34CSS-4916-CITY-ST-ZIP CITY-ST-ZIP WESLEY CHAPEL FL 33544 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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Changed, or on an attachment with an address, with all other like empowered.

GNATURE: MINISTERIOR OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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