

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91160 002 ***158.75

DOCUMENT # P96000085435

1. Entity Name
MARSWEX GLOBAL ENTERPRISES, INC.



Principal Place of Business
5655 WELLINGTON DR
PALM HARBOR, FL 34685 US

Mailing Address
5655 WELLINGTON DR
PALM HARBOR, FL 34685 US

2. Principal Place of Business
670 ISLAND WAY
Suite, Apt. #, etc.
SUITE 300

3. Mailing Address
670 ISLAND WAY
Suite, Apt. #, etc.
SUITE 300

City & State
CLEARWATER, FL
Zip
33767 Country
USA

City & State
CLEARWATER, FL
Zip
33767 Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3409285** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, JAMES M ESQ
1831 NORTH BELCHER ROAD #A-1
CLEARWATER, FL 34625

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!! FEE IS \$100.00
After May 1, 2003 Fee will be \$500.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P WECHSLER, SERGIO 5655 WELLINGTON DR PALM HARBOR, FL 34685	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WECHSLER, MARK 5655 WELLINGTON DR PALM HARBOR, FL 34685	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WECHSLER, ANDREW 5655 WELLINGTON DR PALM HARBOR, FL 34685	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERGIO WECHSLER MAY 1, 03 (727) 443-4872

Date

Daytime Phone #

CR2E034 (10/02)