

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90256 029 ***158.75

DOCUMENT # P97000033651

1. Entity Name

MARC ASSOCIATES-PINELLAS, INC.

Principal Place of Business

**601 N LOIS AVE
TAMPA FL 33609**

Mailing Address

**601 N LOIS AVE
TAMPA FL 33609**

2. Principal Place of Business

9411 SARAZEN PLACE

3. Mailing Address

9411 SARAZEN PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALMETTO, FL

City & State

PALMETTO, FL

Zip

34221

Country

USA

Zip

34221

Country

USA

4. FEI Number

59-3439622

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAYES, WILLIAM T
601 N LOIS AVE
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

WILLIAM T. HAYES

Street Address (P.O. Box Number is Not Acceptable)

9411 SARAZEN PLACE

City

PALMETTO

FL

Zip Code

34221

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

William T. Hayes

WILLIAM T. HAYES

1/31/01

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, 2001 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

TITLE **D** ☐ Delete
NAME **HAYES, WILLIAM T**
STREET ADDRESS **601 N LOIS AVE**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **HAYES, WILLIAM T.**
STREET ADDRESS **9411 SARAZEN PLACE**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

William T. Hayes **WILLIAM T. HAYES**

Date

1/31/01 941 722-7591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)