

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90318 020 \*\*\*150.00

DOCUMENT # P97000033651

1. Entity Name  
MARC ASSOCIATES-PINELLAS, INC.



Principal Place of Business  
9411 SARAZEN PLACE  
PALMETTO FL 34221

Mailing Address  
9411 SARAZEN PLACE  
PALMETTO FL 34221

2. Principal Place of Business  
1916 PIER DR.  
Suite, Apt. #, etc.

3. Mailing Address  
1916 PIER DR.  
Suite, Apt. #, etc.

City & State  
RUSKIN, FL  
Zip  
33570  
Country  
USA

City & State  
RUSKIN, FL  
Zip  
33570  
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

7. Name and Address of New Registered Agent

HAYES, WILLIAM T  
9411 SARAZEN PLACE  
PALMETTO FL 34221

Name  
WILLIAM T. HAYES  
Street Address (P.O. Box Number is Not Acceptable)  
1916 PIER DR.  
City  
RUSKIN FL Zip Code  
33570

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 *William T. Hayes*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)  
DATE 4/15/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME D  
STREET ADDRESS HAYES, WILLIAM T  
CITY-ST-ZIP 9411 SARAZEN PLACE  
PALMETTO FL 34221 ☐ Delete

TITLE  
NAME P D  
STREET ADDRESS WILLIAM T. HAYES  
CITY-ST-ZIP 1916 PIER DR.  
RUSKIN, FL 33570 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *William T. Hayes* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE 4/15/03 949142683 DAYTIME PHONE #

CR2E034 (10/02)