

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90341 035 ***150.00

DOCUMENT # P97000041974

1. Entity Name
MARG INVESTMENTS, INC



Principal Place of Business
3829 S US 129
TRENTON FL 32693

Mailing Address
P O BOX 35
TRENTON FL 32693-0035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bell

City & State

Zip **32619**

Country

Zip

Country

4. FEI Number 59-3451564

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAWFORD, DOUG
2029 S.W. SR 26
TRENTAN FL 32693

Name

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

3829 S US Hwy 129

City **Bell**

FL

Zip Code **32619**

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 reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER-CRAWFORD, MICHELLE	
STREET ADDRESS	P O BOX 35	
CITY-ST-ZIP	TRENTON FL 32693-0035	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, DOUG	
STREET ADDRESS	P O BOX 35	
CITY-ST-ZIP	TRENTON FL 32693-0035	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSBY, TAMMY	
STREET ADDRESS	P O BOX 454	
CITY-ST-ZIP	TRENTON FL 32693-0454	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Michelle Walker-Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-25-03 352-463-1740

CR2E034 (10/02)