

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90234 046 ***150.00

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DOCUMENT # P97000049628

1. Entity Name
MARKER 26, INC.

Principal Place of Business Mailing Address
~~305 WINSTON CREEK PKY.~~
~~LAKELAND FL 33810~~
2217 VALRICO FOREST DRIVE
VALRICO, FL 33594



2. Principal Place of Business 3. Mailing Address
2217 VALRICO FOREST DR.
 Suite, Apt. #, etc. OR Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **VALRICO, FL** City & State **VALRICO, FL**
 Zip **33594** Country **USA** Zip **33594** Country **USA**
 4. FEI Number **59-3450350** 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
PATTERSON, SAMUEL J JR.
~~4420 PLANTATION CIRCLE, STE 505~~
~~PLANT CITY FL 33567~~
2217 VALRICO FOREST DR.
VALRICO, FL 33594
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2217 VALRICO FOREST DR.
 City **VALRICO** FL Zip Code **33594**

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 _____
 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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, MARYANN E 4420 PLANTATION CIRCLE, STE 505 PLANT CITY FL 33567 2217 VALRICO FOREST DR. VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2217 VALRICO FOREST DR. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Maryann E. Patterson* **3-22-02** **813**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **763-5085**

CR2E034 (9/01)