

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053633

1. Entity Name

MARBEC HOLDINGS, INC.

Principal Place of Business

621 BAY ESPLANADE
CLEARWATER FL 33767

Mailing Address

621 BAY ESPLANADE
CLEARWATER FL 33767-1617

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JACOBSON, RICHARD A
501 E. KENNEDY BLVD., STE. 1700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name MARYSIA COATES
Street Address (P.O. Box Number is Not Acceptable)
621 BAY ESPLANADE
City CLEARWATER FL Zip Code 33767

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

MARYSIA COATES

(NOTE: Registered Agent signature required when reinstating)

4-20-00

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, 2000 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	<u>D</u> <input type="checkbox"/> Delete
NAME	<u>COATES, MARYSIA</u>
STREET ADDRESS	<u>621 BAY ESPLANADE</u>
CITY-ST-ZIP	<u>CLEARWATER FL 33767</u>
TITLE	<u>D</u> <input type="checkbox"/> Delete
NAME	<u>COATES, MAREK G</u>
STREET ADDRESS	<u>621 BAY ESPLANADE</u>
CITY-ST-ZIP	<u>CLEARWATER FL 33767</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARYSIA COATES

4-20-00

Date

727-444-4421

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90565 033 ***155.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR** ☒ Applied For ☐ Not Applicable

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

CR2E034 (9/99)