

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055590

1. Entity Name

MARNET ENTERPRISES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90084 012 ***150.00

Principal Place of Business

Mailing Address

2264 41ST TERRACE S.W.
 NAPLES FL 34116

2264 41ST TERRACE S.W.
 NAPLES FL 34116-6518

2. Principal Place of Business

3. Mailing Address

1297-7TH AVE. N.

P.O. BOX 9501

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34102

Country

USA

Zip

34101

Country

USA

4. FEI Number

59-3454033

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

DELASHMET, MARK A
 2264 41ST TERRACE S.W.
 NAPLES FL 34116

Name

DELASHMET, MARK A.

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

1297-7TH AVE. N #108

City

NAPLES,

FL

Zip Code

34102

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. ☐
 (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME DELASHMET, MARK A
 STREET ADDRESS 2264 41ST TERR. S.W.
 CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE P
 NAME ~~MARK~~ DELASHMET, MARK A. ☒ Change ☐ Addition
 STREET ADDRESS P.O. BOX 9501
 CITY-ST-ZIP NAPLES, FL 34101-9501

TITLE VP
 NAME DELASHMET, DANETTE
 STREET ADDRESS 2264 41ST TERR. S.W.
 CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE VP
 NAME DELASHMET, DANETTE A. ☒ Change ☐ Addition
 STREET ADDRESS P.O. BOX 9501
 CITY-ST-ZIP NAPLES, FL 34101-9501

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
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

Danette Delashmet, V.P.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-01-00 941-352-1117

CR2E034 (9/99)