

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
 04-07-2002 90070 044 ***150.00

0437299 AV

DOCUMENT # P97000091693

1. Entity Name
MAR-COMM AND ASSOCIATES, INC.

Principal Place of Business 4828 SAN JOSE STREET SUITE A TAMPA FL 33629	Mailing Address 4828 SAN JOSE STREET SUITE A TAMPA FL 33629
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARTINEZ, ROBERT A 3405 THORNDALE WAY TAMPA FL 33618	7. Name and Address of New Registered Agent Name Erin Marino Street Address (P.O. Box Number is Not Acceptable) 4828 San Jose St. Ste. A City Tampa FL Zip Code 33629
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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 *Erin Marino* **3.29.02**
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME ST MARTINO, ERIN L <input type="checkbox"/> Delete STREET ADDRESS 4828 SAN JOSE STREET CITY-ST-ZIP TAMPA FL 33629	Spelling error	TITLE NAME MARINO <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME P MARINO, JOHN B <input type="checkbox"/> Delete STREET ADDRESS 4828 SAN JOSE STREET CITY-ST-ZIP TAMPA FL 33629		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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

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: *Erin Marino* **Erin Marino / Treasurer 3.28.02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)