

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000092250****1. Entity Name**  
**MARFLO CORPORATION****Principal Place of Business**  
**6507 107TH TERRACE NORTH**  
**PINELLAS PARK FL 33782****Mailing Address**  
**6507 107TH TERRACE NORTH**  
**PINELLAS PARK FL 33782****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-3475237**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****WEST, WALLACE M**  
**6507 107TH TERRACE NORTH**  
**PINELLAS PARK FL 33782****7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

**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, 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****TITLE** **P** ☐ Delete  
**NAME** **WEST, WALLACE M**  
**STREET ADDRESS** **6507 107TH TERR N**  
**CITY-ST-ZIP** **PINELLAS PARK FL 33782****TITLE** **D** ☐ Delete  
**NAME** **BAKER, EDWARD**  
**STREET ADDRESS** **53-42 196TH ST**  
**CITY-ST-ZIP** **FLUSHING NY 11365****TITLE** **D** ☐ Delete  
**NAME** **SHELENG, ALBERT**  
**STREET ADDRESS** **52-54 62ND ST**  
**CITY-ST-ZIP** **MASPETH NY 11378****TITLE** **D** ☐ Delete  
**NAME** **SHELENG, RICHARD**  
**STREET ADDRESS** **899 DEL GANADO RD**  
**CITY-ST-ZIP** **SA RAFAEL CA 94903****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ 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

01-07-02

(727)

541-7875

Date

Daytime Phone #

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90017 006 \*\*\*150.00

902095



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)