

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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AV

APPROVED
AND
FILED

03 SEP 22 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P97000092774

1. Entity Name
MARBIL OF AMELIA ISLAND, INC.



Principal Place of Business
**4924 1ST COAST HWY.
STE #10
AMELIA ISLAND FL 32034**

Mailing Address
**4924 1ST COAST HWY.
STE #10
AMELIA ISLAND FL 32034**

2. Principal Place of Business
**#5 SOUTH 2ND STREET
Suite, Apt. #, etc.
FERNANDINA BEACH, FL
City & State**

3. Mailing Address
**#5 SOUTH 2ND STREET
Suite, Apt. #, etc.
City & State
FERNANDINA BEACH, FL**

Zip
32034 Country
FLORIDA

Zip
32034 Country
FLORIDA

4. FEI Number **59-3475126** Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**LATSHAW, JOHN H JR.
3010 S. 3RD ST.
JACKSONVILLE BEACH FL 32250**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORDMANN, WILLIAM 4924 1ST COAST HWY. AMELIA ISLAND FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NORDMANN, MARY 4924 1ST COAST HWY. AMELIA ISLAND FL 32034	<input checked="" type="checkbox"/> Deleted
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	#5 SOUTH 2ND STREET FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700023540857 10/03/03--01021--029 **550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* **9/21/03** **(904) 261-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)