2002 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT #** P97000103961 1. Entity Name MARLENE'S CREATIONS, INC. 02 OCT 17 AM 10: 58 LEGAETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P.O. BOX 1607 P.O. BOX 1607 LAKE WORTH FL 33480 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0798584 Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAFFNEY, MARLENE S Street Address (P.O. Box Number is Not Acceptable) 716 LAKE AVE LAKE WORTH FL 33460 14888 Stirrup Lane City Wellington, 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 SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F NAME GAFFNEY, MARLENE S ☐ Change ☐ Addition NAME STREET ADDRESS 714 LAKE AVE 600008816196 11/06/02--01006--012 \*\*! STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33460 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Oelete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ■ Addition NAME STREET ADDRESS 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 Book 12 if CITY-ST-ZIP

10-02

SIGNATURE:

Attachment 7 980279 780279 797000103961

9/09/02

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

> Re: Marlene's Creations, Inc. 14888 Stirrup Lane Wellington, Fla. 33414

## Gentlemen:

Please be advised that the enclosed "2002 Uniform Business Report" was the initial report received at my new office. It states that the current fee is \$550 and will be \$750 after 9/15/02.

I have <u>not</u> received any prior reports for the year 2002. <u>Please note that the office address has been changed</u>. Enclosed is payment in the amount of \$150, which was the amount paid in the prior year.

I do not feel that my company should be penalized \$400 because the original report was evidently lost in the mail. All prior years reports were promptly filed.

Please accept the check of \$150 as full payment of the year "2002 Report". If there are any questions, please contact me at my new address, listed above. Thank you for your consideration.

Very truly yours

Marlene Gaffney

President

mo Engles

Enclosures

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