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## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P97000105874 NICE OF MARCO, INC. 04-09-2001 90070 016 \*\*\*150.00 Principal Place of Business Mailing Address 950 N. COLLIER BLVD. #202 950 N. COLLIER BLVD. #202 MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 00032935 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 65-0829839 Applied For Not Applicable Zip 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 HAUSLER, GARY J Street Address (P.O. Box Number is Not Acceptable) 950 N. COLLIER BLVD. #202 MARCO ISLAND FL 34145 City Zip Code of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the SIGNATURE Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intar FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE Change NYS, JULES O NAME NAME STREET ADDRESS 100 N. COLLIER BLVD. #PH 2 STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STASSEN, MARIA M NAME NAME STREET ADDRESS 100 N. COLLIER BLVD. #PH 2 STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP TITLE 🖃 Delete Change ~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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