

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9800000083**

1. Entity Name

M. Marian Co.

Principal Place of Business

**5850 Windhover Dr.
Orlando, FL
32819**

Mailing Address

**P.O. 69066
Orlando, FL
32819**

2. Principal Place of Business

**5850 Windhover Dr.
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. 69066
Suite, Apt. #, etc.**

City & State

Orlando FL 32819

City & State

Orlando FL 32819

Zip

Country

U.S.

Zip

Country

U.S.

6. Name and Address of Current Registered Agent

**Charlotte D. Jones
5850 Windhover Dr.
Orlando, FL 32819**

REINSTATEMENT

4. FEI Number

59-3487101

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

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 **Charlotte D. Jones**

Signature, typed or printed name of registered agent and title if applicable.

Charlotte Jones

(NOTE: Registered Agent signature required when reinstating)

6/8/00

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, 2000 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	President	<input type="checkbox"/> Delete
NAME	Charlotte Jones	
STREET ADDRESS	5850 Windhover Dr	
CITY-ST-ZIP	Orlando FL 32819	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	Charlotte Jones	
STREET ADDRESS	5850 Windhover Dr	
CITY-ST-ZIP	Orlando FL 32819	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	Charlotte Jones	
STREET ADDRESS	5850 Windhover Dr	
CITY-ST-ZIP	Orlando FL 32819	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	Charlotte Jones	
STREET ADDRESS	5850 Windhover Dr	
CITY-ST-ZIP	Orlando FL 32819	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400003313834-4
-07/05/00--01110--010
*****\$900.00 ***\$900.00**

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:

Charlotte Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlotte Jones 6/8/00

Date

Daytime Phone #

(407) 370-3335

CR2E034 (9/99)

KE