

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90027 038 ***158.75

DOCUMENT # P98000010520

1. Entity Name

MARCITE OF VENICE, INC.

Principal Place of Business

1008 PONDEROSA RD
S. VENICE FL 34293
US

Mailing Address

2623 GERTIAN RD
S. VENICE FL 34293
US

2. Principal Place of Business

3. Mailing Address

341 Southland Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NA-

City & State

City & State

Venice, FL

Zip

Country

Zip

34293

Country

U.S.A.

4. FEI Number 65-0901304

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORVAZNIK, DAVID
1008 PONDEROSA RD
S. VENICE FL 34293

Name DAVID PORVAZNIK

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

341 Southland Rd

City Venice

FL

Zip Code

34293

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PORVAZNIK, JOHN
STREET ADDRESS 1008 PONDEROSA RD
CITY-ST-ZIP VENICE FL 34293

☐ Delete

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

(David Porvaznik-President) 1-29-01 493-4143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)