

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90323 049 \*\*\*150.00

011670 AV

**DOCUMENT # P98000010520**

1. Entity Name  
**MARCITE OF VENICE, INC.**



Principal Place of Business  
**1008 PONDEROSA RD  
S. VENICE FL 34293  
US**

Mailing Address  
**341 SOUTHLAND RD.  
S. VENICE FL 34293  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**951 Citrus RD**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Venice FLA**

4. FEI Number **65-0901304**  
Applied For  
Not Applicable

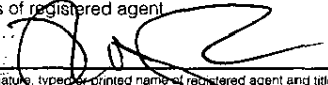
Zip Country  
**34293 USA**

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

6. Name and Address of Current Registered Agent  
**PORVAZNIK, DAVID  
341 SOUTHLAND RD.  
S. VENICE FL 34293**

7. Name and Address of New Registered Agent  
Name **Robert Porvaznik**  
Street Address (P.O. Box Number is Not Acceptable)  
**951 Citrus 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Robert Porvaznik** pres **9/1/03**  
Signature, typed or printed name of registered agent and title if applicable. (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	<b>D</b> <b>PORVAZNIK, JOHN</b> <b>1008 PONDEROSA RD</b> <b>VENICE FL 34293</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PORVAZNIK, JOHN M</b> <b>1008 PONDEROSA RD</b> <b>VENICE FL 34293</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRE</b> <b>PORVAZNIK, DAVID</b> <b>341 SOUTHLAND RD</b> <b>VENICE FL 34293</b> <input checked="" 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	<b>President</b> <b>Robert Porvaznik</b> <b>951 Citrus RD</b> <b>S. Venice FLA 34293</b> <input checked="" type="checkbox"/> Change <input checked="" 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: SIGNATURE REQUIRED** **9/1/03** **941-232-4965**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

80145601

998000010520

Marcite of Venice, Inc.  
951 Citrus Road  
Venice, Florida 34293  
(941) 493-4143

September 1, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern,

We are requesting that the late fee be waived on account of we did not receive the Uniform Business Report until recently. It was mailed to a previous address and just recently forwarded to the above address.

If you have any questions or concerns, please feel free to contact me at the above phone number. Thank you for your time.

Sincerely,



Robert Porvaznik  
President  
Marcite of Venice