## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P98000035759 02-09-2001 90220 027 \*\*\*150.00 MARVIN INVESTMENT CORPORATION Mailing Address Principal Place of Business 669 GULF SHORE BLVD N 669 GULF SHORE BLVD N NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 59-3518410 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARVIN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 669 GULFSHORE BLVD N NAPLES FL 34102 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS CR2E034 (10/00) Addition ☐ Delete TILE TITLE MARVIN, WILLIAM NAME NAME 1074-6TH AVE. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZIP ☐ Change ☐ AddItion ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS STY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TrijE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

2/9/

FILED