

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041677

1. Entity Name

MARCHENA AUTO SERVICE, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90017 029 ***150.00

Principal Place of Business

4443 SUMBEAN ROAD
JACKSONVILLE FL 32257-6070

Mailing Address

4443 SUMBEAN ROAD
JACKSONVILLE FL 32257-6070

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3513553**

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

MERCHENA, AMPARO
7252 OLD KINGS RD., SOUTH
JACKSONVILLE FL 32217

Name Marlon Marchena
Street Address (P.O. Box Number is Not Acceptable)
7252 Old Kings Rd S

City Jacksonville FL Zip Code 32217

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] Marlon Marchena 3-22-01
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 ☐ Delete
NAME **D**
STREET ADDRESS **MARCHENA, MARLON**
CITY-ST-ZIP **7252 OLD KINGS RD., S. JACKSONVILLE FL 32217-3306**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARCHENA, AMPARO**
CITY-ST-ZIP **7252 OLD KINGS RD., S. JACKSONVILLE FL 32217-3306**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARCHENA, MARLYN**
CITY-ST-ZIP **7252 OLD KINGS RD., S. JACKSONVILLE FL 32217-3306**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ANTONIA SUAREZ, FRANCISCA**
CITY-ST-ZIP **7252 OLD KINGS RD., S. JACKSONVILLE FL 32217-3306**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x [Signature] AMPARO Marchena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01 904-733-0620
Date Daytime Phone #

CR2E034 (10/00)