

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90289 034 \*\*\*150.00

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**DOCUMENT # P98000041677**

1. Entity Name  
**MARCHENA AUTO SERVICE, INC.**



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

4. FEI Number **59-3513553**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARCHENA, MARLON  
7252 OLD KINGS RD., SOUTH  
JACKSONVILLE FL 32217**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MARLON MARCHENA**

**April 15, 2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☒ Change ☐ Addition  
TITLE  
NAME **MARLON MARCHENA**  
STREET ADDRESS **4836 SUSSANA WOOD CT**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

☒ Change ☐ Addition  
TITLE  
NAME **AMPARO MARCHENA**  
STREET ADDRESS **4836 SUSSANA WOOD COURT**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

☒ Change ☐ Addition  
TITLE  
NAME **MARLYN V. MARCHENA**  
STREET ADDRESS **4836 SUSSANA WOOD CT**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

☐ Change ☒ Addition  
TITLE  
NAME **MARLON R. MARCHENA S.**  
STREET ADDRESS **4836 SUSSANA WOOD COURT**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE: **MARLON MARCHENA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 15, 2003 904- 733-0620**

Date

Daytime Phone #

CR2E034 (10/02)