

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90019 013 ***150.00

0620877

DOCUMENT # P98000048173

1. Entity Name
MARIEN CONSULTANTS, INC.

Principal Place of Business
 1725 W. OMMERCIAL BLVD
 HANGER 3
 FT LAUDERDALE FL 33309

Mailing Address
 1725 W. OMMERCIAL BLVD
 HANGER 3
 FT LAUDERDALE FL 33309

2. Principal Place of Business
 220 South F St.

3. Mailing Address
 PO Box 606

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Lake Worth FL

City & State
 Lake Worth FL

4. FEI Number 65-0838951

Applied For
 Not Applicable

Zip
 33460

Country
 USA

Zip
 33460

Country
 USA

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

HODGES, PAUL T
 8050 WEST MCNAB RD., #108
 TAMARAC FL 33321

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.

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 HODGES, PAUL T ☐ Delete
 STREET ADDRESS 8050 WEST MCNAB RD., #108
 CITY-ST-ZIP TAMARAC FL 33321

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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: Paul Takeo Hodges 26 March '01 561 533 0883
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)