FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (URB)

FILED May 27, 2002 8:00 am

					Secretary of State		
DOCUMENT # P98000057832 1. Entity Name					05-27-2002 90435 032 ***150.00		
Marlows Golf Cars, Inc.							
			 		•		
DO NOT WRITE IN THIS CRACE					•		
DO NOT WRITE IN THIS SPACE							
2. Principal I							
2. Principal Place of Business 10736 US Hwy 27, N. 3. Mailing Address 10736 US Hwy 2 Suite, Apt. #, etc. Suite, Apt. #, etc.			27 N.				
Suite, Apt			DO NOT WRITE IN THIS SPACE				
City & State City & State					4. FEI Number	Applied For	
l =. I		Davenport, Fl	· · · · · · · · · · · · · · · · · · ·		59-3509666	Not Applicable	
-33837	7-9533 Country Polk	-33837-9533	Country Polk -		5. Certificate of Status Desired.	\$8.75 Additional	
	Name		Name and Address of Current Registered Agent				
ı	Marlow		, David R.				
	Street 107	Address (P.0 7 36 US 1	s (P.O. Box Number is Not Acceptable) JS Hwy 27, N.				
IN THIS SPACE							
	•		City	Jarranna		L Zip Code 33837–9533	
8. The above named entity submits this statement for the purpose of changing its regi							
•							
SIGNATURE.	David R. Marlow Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signs		9-29-)2_	
9. This corporation is eligible to satisfy its Intangible January 1 - Ma			ay 1 Fee is \$15	50.00			
Tax filing requirement and elects to do so. After May 1			1, Fee is \$550.0 1 UBR is \$61.25		 Election Campaign Financing Trust Fund Contribution. 	\$5.00 May Be Added to Fees	
11.	on back) OFFICERS AND I	Make Check Payab	le to Departmen	nt of State		- 7,0000,10 1 000	
TITLE	D _D	DIRECTORS	TITLE				
NAME	Marlow, Shawn	•	NAME				
STREET ADDRESS CITY-ST-ZIP	2316 Magnolia Ave.		STREET ADDRESS CITY-ST-ZIP				
TITLE	Lakeland ,Fl. 33801		TITLE	 			
NAME			NAME	D	, David R.		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1802 F	1802 Petersburg Ave. Lakeland, Fl. 33803		
TITLE			TITLE	Lakela	nd, Fl. 33803		
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		DO NOT WR	ITE	
TITLE			TITLE	 			
NAME STORET ADDRESS	<u> </u>		NAME	IN THIS SPACE		CE	
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CITY-ST-ZIP		- 	CITY-ST-ZIP	[
13. I hereby c	ertify that the information supplied with t	his filing does not qualify for	the exemption sta	ted in Section	n 119 07/3)(i) Florida Statuton I further o	artifus that the information	

13 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 on an attachment with an address, with all other like empowered.

SIGNATURE: David R. Marlow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #