2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91160 041 ***150.00

DOCUMENT # P98000068379

1. Entity Name
MARCO BRADENTON INC.

Principal Place of Business	Mailing Address
5904 S.R 64 E	5812 BRADEN RIVER Rd
BRADENTON, FL.	Bradenton, FL. 34203

770810
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
New address.	New address
Suite, Apt. #, etc. 5904 S.R. 64 E.	Suite, Apt. #, etc. 5904 S.R. 64 E.
City & State: Sarasota, FL. ~~34208~~	City & State: Bradenton FL.
Zip: 34208 Country: USA	Zip: 34208 Country: USA

4. FEI Number: 65-0871201 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MARK H. YODER
5812 Braden River Rd.
Bradenton, FL. 34203

7. Name and Address of New Registered Agent
Name: New address
Street Address (P.O. Box Number is Not Acceptable): 4717 Breezy Pines Blvd
City: Sarasota FL Zip Code: 34232

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, P, S ☐ Delete	TITLE	New address ☑ Change ☐ Addition
NAME	MARK H YODER	NAME	4717 Breezy Pines Blvd.
STREET ADDRESS	4717 Breezy Pines Blvd.	STREET ADDRESS	Sarasota, FL. 34232
CITY-ST-ZIP	Sarasota, FL. 34232	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Mark Yoder 4/30/01 941-708-3276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #