## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 24, 2002 8:00 am Secretary of State DOCUMENT # P98000068379 1. Entity Name 05-24-2002 91289 011 \*\*\*150.00 MARCO BRADENTON, INC. Principal Place of Business Mailing Address 5904-S-R-84-E 5904 S R 64 E SARASOTA FL 34208 SARASOTA FL 34208 2. Principal Place of Business 3. Mailing Address 6222 Tower Suite, Apt. #, etc Suite, Apt. #. etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0871201 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name YODER, MARK Street Address (P.O. Box Number is Not Acceptable) 4717 BREEZY PINES BLVD SARASOTA FL 34232 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01) ☐ Addition NAME YODER, MARK NAME STREET ADDRESS 4717 BREEZY PINES BLVD STREET ADDRESS 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-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ 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

13. I hereby certify that the information supplied with this filling 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

AME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #