

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075099

1. Entity Name

MARKEL HOME IMPROVEMENTS, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90181 025 \*\*\*150.00

Principal Place of Business

8713 SCRIMSHAW DR.  
NEW PORT RICHEY FL 34653

Mailing Address

8713 SCRIMSHAW DR.  
NEW PORT RICHEY FL 34668-6323

2. Principal Place of Business

5426 MILES BLVD.

3. Mailing Address

5426 MILES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT RICHEY, FL

City & State

PORT RICHEY, FL

4. FEI Number

59-3532650

Applied For

Not Applicable

Zip

34668

Country

U.S.A.

Zip

34668

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARFEL, MARK  
8713 SCRIMSHAW DR.  
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

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, 2000 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

TITLE D ☐ Delete  
NAME WARFEL, MARK  
STREET ADDRESS 8713 SCRIMSHAW DR.  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME WARFEL, MARK  
STREET ADDRESS 5426 MILES BLVD.  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE S ☐ Change ☒ Addition  
NAME WARFEL, KELLY  
STREET ADDRESS 5426 MILES BLVD  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE V ☐ Change ☒ Addition  
NAME POWELL, BERT  
STREET ADDRESS 14392 BOWIE RD.  
CITY-ST-ZIP BROOKSVILLE, FL 34614

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

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

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:

*Mark Warfel*

MARK WARFEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000

Date

727-859-0979

Daytime Phone #

CR2E034 (9/99)