

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90135 008 \*\*\*158.75

**DOCUMENT # P98000080655**

1. Entity Name  
**MARL FOODS, INC.**



Principal Place of Business  
**597 WATERFALL DRIVE  
SPRING HILL FL 34608**

Mailing Address  
**597 WATERFALL DRIVE  
SPRING HILL FL 34608**



2. Principal Place of Business

3. Mailing Address

**11066 Spring Hill Dr.**  
Suite, Apt. #, etc.

**11066 Spring Hill Dr.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Spring Hill, FL**

City & State

**Spring Hill, FL**

4. FEI Number **59-3540156**

Applied For

Not Applicable

Zip

**34608**

Country

**U.S.A.**

Zip

**34608**

Country

**U.S.A.**

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

**ANGELICI, LINA  
SCHIFINO & FLEISCHER, P.A.  
201 N. FRANKLIN STREET #2700  
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Please Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ST- ZIP	<p><b>D</b> <input type="checkbox"/> Delete</p> <p><b>CLARK, MARK R</b></p> <p><b>597 WATERFALL DRIVE</b></p> <p><b>SPRING HILL FL 34608</b></p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST- ZIP</p>	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><b>mark R. Clark</b></p> <p><b>11066 Spring Hill Dr. (address)</b></p> <p><b>Spring Hill, FL 34608 (change)</b></p>
ST- ZIP	<p><b>D</b> <input type="checkbox"/> Delete</p> <p><b>CLARK, LISA M</b></p> <p><b>597 WATERFALL DRIVE</b></p> <p><b>SPRING HILL FL 34608</b></p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST- ZIP</p>	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><b>Lisa M. Clark</b></p> <p><b>11066 Spring Hill Dr.</b></p> <p><b>Spring Hill, FL 34608 (address)</b></p>
ST- ZIP	<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST- ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
ST- ZIP	<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST- ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
ST- ZIP	<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST- ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
ST- ZIP	<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST- ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Signature and Typed or Printed Name of Signing Officer or Director**  
**Signature: Lisa Clark / Owner Sec Tres.**

Date

Daytime Phone #

CR2E034 (10/02)