

# 2000 UNIFORM BUSINESS REPORT (UBR) \$ 300

DOCUMENT # **P980000 87368**

1. Entity Name  
**MARGE ENTERPRISES, INC.**

Principal Place of Business Mailing Address

**FILED**

00 MAR 14 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
**WEST 3275 HILLSBORO BOULEVARD**  
Suite, Apt. #, etc.  
**SUITE 110**

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.

City & State  
**DELAFIELD BEACH FL**  
Zip  
**33442-9410** Country  
**U.S.A.**

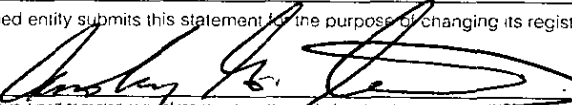
4. FEI Number  
**65-0868276** Applied For  
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
Name  
**ANTHONY G. COLEMAN, JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**6194 NORTH FEDERAL HIGHWAY**  
City  
**BOCA RATON FL** Zip Code  
**33487**

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  DATE **1/25/00**  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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**99-00 AR TS**

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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/28/2000** Daytime Phone #

CR2E034 (9/99)