2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCLIMENT #

D00000100610



FILED Mar 19, 2003 8:00 am 5 Secretary of State

1. Entity Name MARLENE E. THORPE, INC.						03-19-2003 90181			
Principal Place of Business 107 BANANA ST LADY LAKE FL 32159		Mailing Address 39101 GRAY'S AIRPORT ROAD LADY LAKE FL 32159			ļ	# 1880/1880 # HO FORFOL FORFOL DEFIN BOOK OF BEFORE IN	. 	HRIB (171 481)	
Principal Place of Business 107 E. Lady Lake Blvd. Suite, Apt. #, etc.		3. Mailing Address 5727 W. County Road 462 Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State Wildwood ? FLT.			4.	FEI Number 59-3547440	7440 Applied For Not Applicable		
Zip Country		Zip = 34785	Country USA			Certificate of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
TAYLOR, L E 1029 WEST MAGNOLIA STREET LEESBURG FL 34748				Name Marlene E. Thorpe Street Address (P.O. Box Number is Not Acceptable) 5727 W. County Road 462					
				City Wildwo	ood FL Zip Code 34785				
8. The above named errity 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 Signal (re. typed or printed agent ame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.		Α	DDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS	D THORPE, MARLENE E 39101 GRAY'S AIRPORT ROAD	☐ Delete	TITL NAM STRE	E	5727	W. County Road 462	XX Change	☐ Addition 6	
CITY-ST-ZIP			CITY		Wildwood, FL 34785			}	
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12. 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:

Daytime Phone #