

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90128 031 ***150.00

DOCUMENT # P98000106795

1. Entity Name
MARLIN RESTAURANT, INC.

Principal Place of Business

79 CORAL DRIVE
 KEY LARGO FL 33037

Mailing Address

PO 3371
 KEY LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0886309

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BUFFINGTON, VIVIAN

79 CORAL DRIVE
 KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name

DIANE MCGUIRE ATTORNEY AT LAW

Street Address (P.O. Box Number is Not Acceptable)

99551

Overseas Hwy Suite 200

City

Key Largo

FL

Zip Code

33037

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

Diane McGuire

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/12/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BUFFINGTON, VIVIAN**
 CITY-ST-ZIP **79 CORAL DRIVE**
KEY LARGO FL 33037

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CAUDLE, WILLIAM**
 CITY-ST-ZIP **P.O. BOX 3371 N/A**
KEY LARGO FL 33037

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

William Caudle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM CAUDLE 6/7/02

Date

727-534-4089

Daytime Phone #

CR2E034 (9/01)