

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108052

1. Entity Name

MARLEIGH INVESTMENT GROUP, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90110 039 ***150.00

Principal Place of Business Mailing Address
P.O. BOX 3143 P.O. BOX 3143
SPRING HILL FL 34611 SPRING HILL FL 34611

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3561184 Applied For
Not Applicable

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

CLARK, MARGARET-ANN
2170 WATERFALL DR.
SPRING HILL FL 34608

Name MARGARET-ANN CLARK, VP
Street Address (P.O. Box Number is Not Acceptable)

~~P.O. Box~~ 2170 WATERFALL DR.

City SPRING HILL FL Zip Code 34608

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 *Margaret Ann Clark VP* * (DO NOT ADD VP TO MY NAME IF I CAN'T BE A VP AS AN AGENT) 4-24-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registered agent is changed.) 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	CLARK, LEIGH A	
STREET ADDRESS	P.O. BOX 3143	
CITY-ST-ZIP	SPRING HILL FL 34611	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	CLARK, MARGARET-ANN	
STREET ADDRESS	P.O. BOX 3143	
CITY-ST-ZIP	SPRING HILL FL 34611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Margaret Ann Clark, VP* 4-24-01 352-686-9844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #
MARGARET-ANN CLARK, VP

CR2E034 (10/00)