

2000 UNIFORM BUSINESS REPORT (UBR)

4/29/00-90005-035-\$150.00-\$150.00

DOCUMENT # P99000011752

1. Entity Name

MARCELLE SERVICES, INC.

FILED

00 MAY 17 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14191 SW 30TH TERRACE ROAD
OCALA FL 34473

Mailing Address
14191 SW 30TH TERRACE ROAD
OCALA FL 34473-6219



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3560919
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201-HAYS STREET
TALLAHASSEE FL 32301-2525

Name
Margaret Marcelle
Street Address (P.O. Box Number is Not Acceptable)
14191 SW 30TH TERRACE RD
City Ocala FL Zip Code 34473

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

5-15-00
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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MARCELLE, MARGARET	
STREET ADDRESS	14191 SW 30TH TERRACE ROAD	
CITY-ST-ZIP	OCALA FL 34473	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Marcelle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)

SP