

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022257

1. Entity Name  
MARLJACK MARKETING, INC.

Principal Place of Business  
10760 PARIS STREET  
COOPER CITY FL 33026

Mailing Address  
10760 PARIS STREET  
COOPER CITY FL 33026

2. Principal Place of Business  
3004 Lake Point PL ← SAME  
Suite, Apt. #, etc.

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

City & State  
DAVIE, Florida  
Zip 33328

Country US

City & State

Zip

Country

4. FEI Number 65-0901287

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

Name

KRANE, STUART M  
10760 PARIS STREET  
COOPER CITY FL 33026

Street Address (P.O. Box Number Is Not Acceptable)  
3004 Lake Point Place

DAVIE,

FL 33328

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

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

(NOTE: Registered Agent signature required when reinstating)

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

CR20034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRANE, STUART 10760 PARIS STREET COOPER CITY FL 33026	3004 Lake Point PL DAVIE, FL 33328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD KRANE, MARLANE 10760 PARIS STREET COOPER CITY FL 33026	3004 Lake Point PL DAVIE, FL 33328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

6-4-01 954-424-042

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #