**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 07, 2002 8:00 am DOCUMENT # P99000022713 **Secretary of State** 1. Entity Name 02-07-2002 90155 047 \*\*\*158.75 MARLOW ENTERPRISES, INC. Principal Place of Business Mailing Address 17109 GUAVA AVENUE 10270 PRONT BEACH ROAD PANAMA-CITY-BEACH FL 32413 INSIDE WAL-MART PANAMA CITY BEACH FL 32407 3. Mailing Address 2. Principal Place of Business 357 A Beckrich RQ 557A Beckrich Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ACE Cash Express City & State City & State 4. FEI Number Applied For 59-3564427 Pana ma Lit Panama Lity Beach, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired U 32407 3240 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Change Addition Delete TITLE. PSTD TITLE NAME NAME MARLOW, CHARLES STREET ADDRESS STREET ADDRESS 17109 GUAVA AVENUE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32413 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ICER OR DIRECTOR Date Date Date Phone # SIGNATURE:

changed, or on an attachment with an address, with all other like empowered