

2000 UNIFORM BUSINESS REPORT (UBR)

5/23/00-90198-028-\$150.00-\$150.00

1082

DOCUMENT # P99000023070

1. Entity Name

NANCY L. MARCOTTE, INC.

FILED
SECRETARY OF STATE
CORPORATION

00 DEC 18 PM 3:50

Principal Place of Business

Mailing Address

13520 SW 28TH ST
DAVIE FL 33330

13520 SW 28TH ST
DAVIE FL 33330-1106



DO NOT WRITE IN THIS SPACE

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

65-0959420

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

MARCOTTE, NANCY L
13520 SW 28TH ST
DAVIE FL 33330

Name

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

City

FL

Zip Code

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

Nancy L. Marcotte

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Nancy Marcotte
13520 SW 28th
Davie, FL 33330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 807, 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:

Nancy L. Marcotte Nancy Marcotte

Date

Daytime Phone #

4/25/00

(954) 452-1919

CR2E034 (9/99)

2-
P99000023070

December 5, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Nancy L. Marcotte, Inc.
Reference Number: P99000023070

Dear Sir/Ms.:

Attached is my response to your letter of June 2, 2000. I'm sorry I am sending this letter at this late date however, my husband and son were in a serious car accident at the time the response was due. I have spent my time for the last several months attending to their needs and recovery. I have just gotten back to doing all the daily requirements of life and I am submitting the documentation at this time.

I hope that this will suffice to clear this matter. I am thanking you in advance.

Sincerely,



Nancy L. Marcotte