

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90048 022 \*\*\*150.00

0059851

**DOCUMENT # P99000031814**

1. Entity Name  
**MARC DELIVERIES, INC.**

Principal Place of Business 1223 WINDRIDGE CIRCLE SANFORD FL 32773	Mailing Address 1223 WINDRIDGE CIRCLE SANFORD FL 32773
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country
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4. FEI Number **59-3566649** Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**RAVAYO, MARIO A**  
**1223 WINDRIDGE CIRCLE**  
**SANFORD FL 32773-4871**

**7. Name and Address of New Registered Agent**

Name **ROVAYO, MARIO A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1223 WINDRIDGE CIRCLE**  
 City **SANFORD** FL Zip Code **32773-4871**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ROVAYO, MARIO</b> <b>1223 WINDRIDGE CIRCLE</b> <b>SANFORD FL 32773</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ROVAYO, SENIA</b> <b>1223 WINDRIDGE CIRCLE</b> <b>SANFORD FL 32773</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Mario Rovayo **MARIO ROVAYO** **04-09-01** **(407) 302-1775**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)