

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038464

1. Entity Name

MARCOSCHAMER GROUP, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90009 007 ***150.00

Principal Place of Business 200 ISLAND BLVD. SUITE 1910 WILLIAMS ISLAND FL 33160	Mailing Address 200 ISLAND BLVD. SUITE 1910 WILLIAMS ISLAND FL 33160
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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
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Zip	Country	Zip	Country
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4. FEI Number 65-0914360	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCOSCHAMER, SAMUEL M
 2000 ISLAND BLVD.
 SUITE 1910
 WILLIAMS ISLAND FL 33160

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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 _____ 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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D MARCOSCHAMER, SAMUEL 2000 ISLAND BLVD. SUITE 1910 WILLIAMS ISLAND FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D MARCOSCHAMER, HELEN 2000 ISLAND BLVD. SUITE 1910 WILLIAMS ISLAND FL 33160	<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.

SIGNATURE: *[Signature]* S. MARCOSCHAMER. **9371347**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **(305) 937 5741**
Date Daytime Phone #