

2000 UNIFORM BUSINESS REPORT-(UBR)

5/

FILED

Jun 08, 2000 8:00 am
Secretary of State

05-03-2000 90083 045 ***150.00

DOCUMENT # P99000057377

1. Entity Name

MARLIN'S WHOLESALE EQUIPMENT, INC.

Principal Place of Business

515 PAUL MORRIS DR.
ENGLEWOOD FL 34223

Mailing Address

515 PAUL MORRIS DR.
ENGLEWOOD FL 34223-3961

2. Principal Place of Business

860-A South River Rd

Suite, Apt. #, etc.

3. Mailing Address

9293 FRUITLAND AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ENGLEWOOD, FLA

City & State

ENGLEWOOD, FLA

4. FEI Number

65-0934053

Applied For

Not Applicable

Zip

34223

Country

SARASOTA

Zip

34224

Country

CHARLOTTE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARLIN, GARY L
9293 FRUITLAND AVE
ENGLEWOOD FL 31224

7. Name and Address of New Registered Agent

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

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, 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

TITLE: PRESIDENT
NAME: GARY L. MARLIN
STREET ADDRESS: 9293 FRUITLAND AVE
CITY-ST-ZIP: ENGLEWOOD, FLA 34224 ☐ Delete

TITLE: VICE PRESIDENT
NAME: JANE D. MARLIN
STREET ADDRESS: 9293 FRUITLAND AVE
CITY-ST-ZIP: ENGLEWOOD, FLA 34224 ☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____ ☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____ ☐ Delete

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TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____ ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: _____
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STREET ADDRESS: _____
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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 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:

GARY L. MARLIN PRESIDENT

Date

Daytime Phone #

941-474-7407

CR2E034 (9/99)