## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 05, 2001 08:00 AM P99000062936 DOCUMENT # Entity Name **Secretary of State** MARBERRY & MARBERRY ENTERPRISES, INC. Principal Place of Business Mailing Address 13528 DORNOCH DRIVE 13528 DORNOCH DRIVE ORLANDO FL ORLANDO FL32828 32828 2. Principal Place of Business 3. Mailing Address 306 WINGHURST BLVD 306 WINGHURST BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO FL ORLANDO 59-3589237 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARBERRY FRED MARBERRY 13528 DORNOCH DRIVE Street Address (P.O. Box Number is Not Acceptable) 306 WINGHURST BLVD ORLANDO FL32828 US City Zip Code ORLANDO 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. FRED MARBERRY 09/05/2001 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 FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition X Change MARRERRY MAME BONNIE. NAME MARBERRY BONNIE 13528 DORNOCH DRIVE STREET ADDRESS STREET ADDRESS 306 WINGHURST BLVD CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-ZIP ORLANDO 32828 D ☐ Delete TITLE X Change NAME MARBERRY NAME MARBERRY FRED STREET ADDRESS 13528 DORNOCH DRIVE STREET ADDRESS 306 WINGHURST BLVD CITY-ST-ZIP ORLANDO FL. 32828 CITY-ST-ZIP ORLANDO FL32828 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

09/05/2001

Daytime Phone #

Date

Fred Marberry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_