2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000062936

1. Entity Name

MARBERRY & MARBERRY ENTERPRISES, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90136 025 ***150.00

						GO WE THE						
Principal Place of Business 306 WINGHURST BLVD ORLANDO FL 32828			306 V	Mailing Address 306 WINGHURST BLVD ORLANDO FL 32828								
2. Principal P	Place of Busin	ess	3. Mai	3. Mailing Address								
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te'		City	City & State				4. FEI Number 59-3589237			pplied For	<u>-</u>
Zip		Country	Zip	Zip Country						\$8.75 Additional Fee Required		
	6. Name	and Address of C	urrent Registere	Registered Agent			7.	7. Name and Address of New Registered Agent				
						Name				<u> </u>		7
MARBERR	ry, fred Hurst blv	חי		Street Addres			s (P.O.	(P.O. Box Number is Not Acceptable)				
) FL 32828	D .										1
						City			FL	Zip Cod		1
8. The above the obligat	named entity tions of registe	submits this stater ered agent.	ment for the purp	ose of changing its	registere	ed office or regis	tered a	àgent, or both, in the State of F⊮	orida. I am fa	ımiliar with,	and accept]
SIGNATURE .	Signature, typed o	or printed name of register	ed agent and title if app	licable. (NOTE	E: Registere	d Agent signature requi	ired wher	in reinstating)	DATE			
	II E NOWIN	EEE IC 61EA C	10	7.45.4								┪
After	May 1, 200	FEE IS \$150.0 Fee will be \$55 Florida Departm	50.00					9. Election Gampaign Fit Trust Fund Contribution			00 May Bē	- -
	(rayable to											4
10.	D	OFFICER	S AND DIRECTO		11.			ADDITIONS/CHANGES TO OFF	ICERS AND			┨,
TITLE NAME ^r		/ EDED		☐ Delete	TITLE					Change	☐ Addition	Ţ
	MARBERRY, FRED 306 WINGHURST BLVD ORLANDO FL 32828											
CITY-ST-ZIP						STREET ADDRESS CITY-ST-ZIP		•				13
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NAME	_	, BONNIE A		□ Delete	TITLE					Change	☐ Addition	1
STREET ADDRESS	306 WINGE	URST BLVD				ET ADDRESS						
CITY-ST-ZIP	ORLANDO					·ST-ZIP						
TITLE				☐ Delete	TITLE					☐ Change	Addition	1
NAME				D Delete	NAMI					Change	LJ Addition	
STREET ADDRESS					STRE	et address						Ì
CITY-ST-ZIP					CITY	ST-ZIP						
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition	1
NAME		•			NAME	:				_ •	_	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP		<u> </u>			CITY-	ST-ZIP						
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STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP						ST-ZIP		#*te-J				1
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NAME STREET ADDRESS					NAME							
CITY-ST-ZIP				•	•	ET ADDRESS						
			1 42 1 2 4			ST-ZIP	_					1
indicated	ertify that the on this report	information supplie or supplemental re	ea with this filing a port is true and a	does not qualify for accurate and that m	the exer	nption stated in Sure shall have the	Section	n 119.07(3)(i), Florida Statutes.	I further certi	ly that the in	nformation	1

2. Thereby Certify that the information supplied with first fling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TO SEE THE PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

<u>4-9-03</u>

Daytime Phone #

R2E034 (10/02