

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90221 034 ***150.00

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| DOCUMENT # P99000081763 | | | | | |
| 1. Entity Name MARPRO SERVICES, INC. | | | | | |
| Principal Place of Business 9 SW 13TH ST. FORT LAUDERDALE, FL 33315 | | | Mailing Address 9 SW 13TH ST. FORT LAUDERDALE, FL 33315 | | |
| 2. Principal Place of Business | | 3. Mailing Address 1350 River Reach Dr. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 501 | | | |
| City & State | | City & State Fort Lauderdale, FL | | 4. FEI Number 65-0948023 | |
| Zip | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JOHNSON, SEAN 9 SW 13TH ST. FORT LAUDERDALE, FL 33315 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when appointing) _____ DATE _____ | | | | | |
| FILE NOW! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCHAPER, ROBERT A 9 SW 13TH ST. FORT LAUDERDALE, FL 33315 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DEAN, NANCY J 9 SW 13TH ST. FORT LAUDERDALE, FL 33315 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Robert A. Schaper</u> ROBERT A. SCHAPER 27 March 2003 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

CP2E034 (10/02)