

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90019 018 \*\*\*150.00

0512407 AV

**DOCUMENT # P99000088957**

1. Entity Name  
**MARKEN, INC.**

Principal Place of Business  
**HOLMES BEACH COIN LAUNDRY**  
**5400 MARINARA DRIVE**  
**BRADENTON BEACH FL 34217**

Mailing Address  
**HOLMES BEACH COIN LAUNDRY**  
**107 6TH STREET NORTH**  
**BRADENTON BEACH FL 34217**



2. Principal Place of Business

3. Mailing Address

**Holmes Beach Coin Laundry**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**505 59th Street**

City & State

City & State

**Holmes Beach, FL**

Zip

Country

Zip

**34217**

Country

4. FEI Number **65-0955087**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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, 2002 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

TITLE **PTD** ☐ Delete  
NAME **KELLEY, MARGARET J**  
STREET ADDRESS **107 6TH STREET NORTH**  
CITY-ST-ZIP **BRADENTON BEACH FL 34217**

TITLE ☐ Change ☐ Addition  
NAME **505 59th Street**  
STREET ADDRESS **Holmes Beach, FL 34217**  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **KELLEY, KENNETH**  
STREET ADDRESS **107 6 STREET NORTH**  
CITY-ST-ZIP **BRADENTON BEACH FL 34217**

TITLE ☐ Change ☐ Addition  
NAME **505 59th Street**  
STREET ADDRESS **Holmes Beach, FL 34217**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Margaret J. Kelley** **MARGARET J. KELLEY** **2-1-02** **941 778-1208**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)