

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000090946**

1. Entity Name

MARISA CONSTRUCTION, INC.**FILED****Apr 27, 2000 8:00 am**
Secretary of State

04-27-2000 90042 015 ***150.00

Principal Place of Business

Mailing Address

7501 142ND AVE. #732
LARGO FL 337717501 142ND AVE. #732
LARGO FL 33771-4623

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 3608786

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

FAIR, ANDREA M
35111 US HWY 19 NORTH, SUITE 302
PALM HARBOR FL 34684

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 State10. 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	NAME	STREET ADDRESS	CITY - ST - ZIP		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
	D			<input type="checkbox"/> Delete		P T D			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	COUTS, TIMOTHY J	7501 142ND AVE, #732	LARGO FL 33771						
	D			<input type="checkbox"/> Delete		V S D			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	COUTS, MARJORIE	7501 142ND AVE, #732	LARGO FL 33771						
	D			<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	LOPEZ, MIGUEL	869 GREEN VALLEY RD	PALM HARBOR FL 34683						
	D			<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	TREJO, MARIA I	869 GREEN VALLEY RD	PALM HARBOR FL 34683						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Timothy J. Coutts 4-20-00 727-524-7580