## 2002 Uniform Business Report (UBR)

## May 01, 2002 8:00 am Secretary of State DOCUMENT # P99000108935 03-14-2002 90059 043 \*\*\*150.00 1. Entity Name MAR-GO INTERIORS, INC. Principal Place of Business Mailing Address 5434 SR-581 -5434 SR 581 #104\* · #104 WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543 2. Principal Place of Business 3. Mailing Address S.R. 54 2841/ S. R. 28411 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State WESLEY 4. FEI Number Applied For CHAPEL CHAPEL WESLEY 59-3620970 Not Applicable 33543 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GORTER, MARIA Street Address (P.O. Box Number is Not Acceptable) 5425 VILLA D'ESTE CRT. WESLEY CHAPEL FL 33543 City Zip Code FL 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 Fiorida. SIGNATURE 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 PRESI DENT ☐ Defete TITLE ☐ Addition (9/01 ☐ Change NAME GORTER, MARIA NAME STREET ADDRESS 5425 VILLA D'ESTE CRT. STREET ADDRESS CR2E034 CITY-ST-ZIP WESLEY CHAPEL FL 33543 CITY-ST-ZIP TITLE SECRETERY ☐ Delete TITLE secretery Change Addition PANAGIOTATOPOULOS, LANA 5391 FOX FLU YIT NAME NAME STREET ADDRESS PANAGIOTAKOPOULOS LANA STREET ADDRESS CITY-ST-716 WESLEY CHAPEL FL 33543 CITY-ST-7E 5321 fox hunt dr wesley chapel ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLÉ ☐ Delete ☐ Change ☐ Addition NAME 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 TITLE Oelete TIDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filting 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 eath; 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 efter like empowered.

THE MARIA GORTER

SMINATURE AND TYPED OR DIRECTO NAME OF SIGNING OFFICER OR DIRECTO

2-25-02

813 991 9660

Daytime Phone #

SIGNATURE:

**FILED** 

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