

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90906 048 ***150.00

DOCUMENT # 504361 ✓
1. Entity Name
MARCELL'S CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2525 Hickory Tree Rd</u> Suite, Apt. #, etc.	3. Mailing Address <u>2525 Hickory Tree Rd</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>St. Cloud, FL</u>	City & State <u>St. Cloud, FL</u>
Zip <u>34772</u>	Country <u>USA</u>

4. FEI Number <u>59-3027069</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>William James Newman, III</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2525 Hickory Tree Rd</u>	
City <u>St. Cloud</u>	FL Zip Code <u>34772</u>

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 _____ (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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P William J. Newman III</u> <u>2525 Hickory Tree Rd</u> <u>St. Cloud, FL 34772</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>T Threca L. Newman</u> <u>2475 Hickory Tree Rd</u> <u>St. Cloud, FL 34772</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: William J. Newman III 5/20/02 407-957-5822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)