


02-20-2003 90140 009 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *S51562*

1. Entity Name
Marisal Reflections Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *20359 12727 SW 93rd St. Pennsylvania Ave Suite J*

3. Mailing Address *PO Box 577 12727 SW 93rd St.*

Suite, Apt. #, etc. *Ave Suite J*

City & State
Dunnellon, FL

City & State
Dunnellon, FL

Zip *34431 34432* Country **US**

Zip *34431 34430* Country **US**

55004595

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0260067** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Marianne Kenny**

Street Address (P.O. Box Number is Not Acceptable)
12727 SW 93rd St

City **Dunnellon** FL Zip Code **34431**

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 reinstating) DATE _____

January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marianne Kenny <i>20359 E. Pennsylvania Ave</i> Dunnellon FL 34432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bruce Vitarelli <i>20359 East Pennsylvania Ave</i> Dunnellon FL 34432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Marianne Kenny*
 SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/02)

February 18, 2003

Florida Department of State
Divisions of Corporations
Tallahassee, Florida 32302

80035492

The enclosed form was sent in without a check; sorry about that but we thought it was only a change of address form. I'm glad it came back as the address information our accountant provided is not correct.

Here is the corrected information with our payment

1. Principal place of business

Marisa Reflections Inc.
20359 east Pennsylvania Ave Suite J
Dunnellon, Fl 34432

2. Mailing Address

Marisa Reflections Inc.
P.O. Box 577
Dunnellon, Fl 34430-0577

Thank you for helping to make these corrections, and if you have any questions please feel free to call 352-465-2776

Marianne Kenny

