

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90114 026 \*\*\*550.00

0070403  
AV

**DOCUMENT # S55872**

1. Entity Name

**MARLO INTERNATIONAL, INCORPORATED**



Principal Place of Business

**4007 N.E. 6TH AVE.  
OAKLAND PARK FL 33334**

Mailing Address

**4007 N.E. 6TH AVE.  
OAKLAND PARK FL 33334**

**A0076925**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0275784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**GODDARD, MARK S.  
4007 N.E. 6TH AVE  
OAKLAND PARK FL 33334**

## 7. Name and Address of New Registered Agent

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	GODDARD, MARK	
STREET ADDRESS	2412 NW 35TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIETZ, WALLACE E.	
STREET ADDRESS	18315 CYPRESS VIEW WAY	
CITY-ST-ZIP	TAMPA FL 32647	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIETZ, RANDALL A	
STREET ADDRESS	16133 CARDEN DR	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> Delete
NAME	GODDARD, ANDREW S.	
STREET ADDRESS	2855 NW 42 STREET	
CITY-ST-ZIP	BOCA RATON FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIETZ, WILLIAM W	
STREET ADDRESS	8902 JASPERS DR	
CITY-ST-ZIP	BOCA RATON FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/01

Date

Daytime Phone #

CR2E034 (5/01)