

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90183 022 ***158.75

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DOCUMENT # S75288

1. Entity Name
MARCO MART, INC.



Principal Place of Business
**696 BALD EAGLE DR
MARCO ISLAND FL 34145
US**

Mailing Address
**696 BALD EAGLE DR
~~STE 10~~
MARCO ISLAND FL 34145
US**

2. Principal Place of Business

3. Mailing Address

696 BALD EAGLE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MARCO ISLAND, FL

Zip

Country

Zip
34145

Country
USA

4. FEI Number **65-0278840**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KENISON, CAROLYN
696 BALD EAGLE DR
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name **PHILLIP L. COHEN**
Street Address (P.O. Box Number is Not Acceptable)
3861 VALENTIA WAY
City **NAPLES** FL Zip Code **34119**

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 **Philip L. Cohen**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PST** ☒ Delete
NAME **KENISON, CAROLYN M.**
STREET ADDRESS **696 BALD EAGLE DR**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MARCO PRESIDENT** ☒ Change ☐ Addition
NAME **MARCO COHEN**
STREET ADDRESS **3861 VALENTIA WAY**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Phillip L. COHEN**
STREET ADDRESS **696 BALD EAGLE DRIVE**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Philip L. Cohen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03 **239-394-4661**
239-596-3752
Date Daytime Phone #

CR2E034 (10/02)