

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90031 017 \*\*\*150.00

A0072084

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # S76084</b> 1. Entity Name <b>MARWES, INC</b>					
Principal Place of Business <b>6521 SENEAL PALM WAY</b> <b>APOLLO BEACH, FL 33572</b> <b>U.S.</b>		Mailing Address <b>6521 SENEAL PALM WAY</b> <b>APOLLO BEACH, FL 33572</b> <b>U.S.</b>			
2. Principal Place of Business <b>(NEW) 6521 SENEAL PALM WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>(NEW)</b> Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3081577</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SEBALD, MERLE L.</b> <b>6529 Bimini Ct.</b> <b>APOLLO BEACH, FL 33572</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: 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) <input type="checkbox"/>		<b>FILE NOW!!</b> <b>After MAY 1, 2001</b> <b>Make Check Payable</b>		<b>FEE IS \$150.00</b> <b>Fee will be \$550.00</b> <b>to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FOWLER, JOHN W</b> <b>6521 SENEAL PALM WAY</b> <b>APOLLO BEACH, FL 33572</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, ST</b> <b>FOWLER, JOHN W</b> <b>(SAME)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>FOWLER, NANCY M - DECEASED</b> <b>4-11-00</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** John W. Fowler **John W. Fowler** **5-25-01** **813-641-1573**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)