## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## S76084 DOCUMENT #

1. Entity Name

MARWES, INC.



## Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90046 027 \*\*\*150.00

| SEBALD, MERLE L. 6529 BIMINI CT. APOLLO BEACH FL 33572  Signature typed or printed name of registered agent and title if applicable.  SIGNATURE Signature. typed or printed name of registered agent and title if applicable.  SIGNATURE Signature. typed or printed name of registered agent and title if applicable.  Note: Address (P.O. Box Number is Not Acceptable)  Signature to printed name of registered agent and title if applicable.  Note: Address (P.O. Box Number is Not Acceptable)  Signature to printed name of registered agent and title if applicable.  Note: Registered Agent signature required when reinstating)  DATE  Signature to printed name of registered agent and title if applicable.  Signature to printed name of registered agent and title if applicable.  Note: Registered Agent signature required when reinstating)  DATE  Signature to printed name of registered agent and title if applicable.  Signature to printed name of registered agent and title if applicable.  Signature to printed name of registered agent and title if applicable.  Name  Street Address (P.O. Box Number is Not Acceptable)  Signature to printed agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  Signature to printed name of registered agent and title if applicable.  Signature to printed name of registered agent and title if applicable.  Signature to printed name of registered agent and title if applicable.  Name  Street Address (P.O. Box Number is Not Acceptable)   | _                          |  |                                | _                  |                           |   |               |                               |  |  |
|---|----------------------------|--|--------------------------------|--------------------|---------------------------|---|---------------|-------------------------------|--|--|
| 2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  SEBALD, MERLE L. 6529 BIMINI CT.  APOLLO BEACH FL 33572  City  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hybed or printed name of registered agent and sife if applicable.  (NOTE Registered Agent signature required when refristating)  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  PST  TILE  PST  Tile PST  Tile Registered Address  Address (PO. Box Number is Not Acceptable)  CHECK HERE IF MAKING CHANGES  Applied For Not Applicable of Status Desired Agent  Status Desired  Trust Fund Contribution.  Added to Fees  Tile PST  Tile PST  Tile PST  Tile Additional Fee Required  Applied For Not Applied Tile  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  PST  Tile Registered Agent signature required when refristating)  PATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   | 6521 SENEGAL PALM WAY 6521 |  | 6521 SENEGAL PALA              | 1 SENEGAL PALM WAY |                           | 60024824                                    |               |                               |  |  |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  Name  Name  SEBALD, MERLE L.  6529 BIMINI CT.  APOLLO BEACH FL 33572  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hyped or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE   | US                         |  | U\$                            |                    |                           |   |               |                               |  |  |
| City & State  Country  Sp. Country  Sp. Country  Sp. Certificate of Status Desired  Sp. Sp. Additional Fee Required  Street Address of New Registered Agent  Name  SEBALD, MERLE L.  6529 BIMINI CT.  APOLLO BEACH FL 33572  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if apolicable.  (NOTE: Registered Agent signature required when reinstating)  PATE  Sprature, typed or printed name of registered agent and title if apolicable.  SIGNATURE  Signature, typed or printed name of registered agent and title if apolicable.  NOTE: Registered Agent signature required when reinstating)  PATE  Signature, typed or printed name of registered agent and title if apolicable.  Signature trade of Status Desired  State Added to Fees  Applied For Not Applicable  Street Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  Applied For Not Applicable  Street Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is No  | 2. Principal f             | Place of Business                              | 3. Mailing Address             | ailing Address     |                           |   |               | B1811                         |  |  |
| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  SEBALD, MERLE L. 6529 BIMINI CT.  APOLLO BEACH FL 33572  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and stile if applicable. (MOTE: Registered Agent signature required when refinstating)  PATE  9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILLE PST Delete TILE   | Suite, Apt                 | . #, etc.                                      | Suite, Apt. #, etc.            | ite, Apt. #, etc.  |                           | CHECK HERE IF MAKING CHANGES                |               |                               |  |  |
| 6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  SEBALD, MERLE L. 6529 BIMINI CT. APOLLO BEACH FL 33572  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  9. Election Campaign Financing Trust Fund Contribution.  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS IN 11  TILLE  PST  Delete  TILLE  Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  (Name and Address (P.O. Box Number is Not Acceptable)  (Not Address (P.O. Box Number | City & Sta                 | te   | City & State                   |                    |                           | 4. FEI Number 59-3081577                    |               | Applied For<br>Not Applicable |  |  |
| SEBALD, MERLE L. 6529 BIMINI CT. APOLLO BEACH FL 33572  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILE  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Viviant Payable of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of | Zip                        | Country  | Zip                            | Cour               | ntry                      | 5. Certificate of Status Desired            |               |                               |  |  |
| SEBALD, MERLE L. 6529 BIMINI CT. APOLLO BEACH FL 33572  City  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PST  Delete  TITLE   |                            | 6. Name and Address of Cur                     | rrent Registered Agent         |                    |                           | 7. Name and Address of New Re               | gistered Ag   | ent                           |  |  |
| 6529 BIMINI CT.  APOLLO BEACH FL 33572  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and talle if applicable.  (NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PST  City  FL  Zip Code  PAGE  Addition  Added to Florida. I am familiar with, and accept required when reinstating)  DATE  \$5.00 May Be Added to Fees  Addition  Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Addition  City  FL  Zip Code  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  | CERALD                     | MEDI E I                                       |                                | ,                  | Name :-                   |   |               |                               |  |  |
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| the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  PATE  PST  PATE  NOTE: Registered Agent signature required when reinstating)  PATE  9. Election Campaign Financing S5.00 May Be Added to Fees  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PST  Delete  TITLE  PST  Delete  TITLE  PATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |                            |  |                                |                    | City                      |   | FL            | Zip Code                      |  |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PST  Delete TITLE  Change Addition   |                            |  | ent for the purpose of changin | ng its register    | ed office or regist       | tered agent, or both, in the State of Flori | ida. I am far | miliar with, and accept       |  |  |
| After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PST Delete TITLE  Addition  | SIGNATURE                  | Signature, typed or printed name of registered | agent and title if applicable. | (NOTE: Registere   | ed Agent signature requir | red when reinstating)                       | DATE          |                               |  |  |
| TITLE PST Delete TITLE VI Change Additio  | Afte                       | r May 1, 2003 Fee will be \$550                | 0.00                           | ~                  | <del></del>               |   | ~ —           |                               |  |  |
| TITLE PST Delete TITLE Change Addition NAME FOWLER, JOHN W  | 10.                        | OFFICERS                                       | AND DIRECTORS                  | 11.                |                           | ADDITIONS/CHANGES TO OFFIC                  | CERS AND D    | IRECTORS IN 11                |  |  |
|   |                            | 1  | ☐ Delete                       |                    | E IE                      | COLSTNEGAL PALM                             | WAY           | Change Addition               |  |  |

| Make Check                                     | c Payable to Florida Department of State                         |          |  |      | <b>\</b>  |           |     |          |            |
|--|--|----------|--|------|---|-----------|-----|----------|------------|
| 10.  | OFFICERS AND DIRECTOR  | ns       | 11.  | _ AC | DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |           |     |          |            |
| TITLE<br>NAME<br>Street Address<br>City-St-Zip | PST<br>FOWLER, JOHN W<br>6526 BIMINI CT<br>APOLLO BEACH FL 33572 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | 6521 | Senegal   | PALM      | WAY | Change   | Addition   |
| TITLE<br>NAME<br>Street address<br>City-St-Zip | ,  | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |      |   |           |     | Change   | ☐ Addition |
| TITLE<br>Name<br>Street address<br>City-St-Zip |  | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ,    |   | <b></b> 1 |     | Change   | Addition   |
| TITLE<br>NAME<br>Street Address<br>City-St-Zip |  | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | -    |   |           | ~   | ☐ Change | Addition   |
| TITLE<br>Name<br>Street address<br>City-St-Zip |  | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |      |   |           |     | ☐ Change | Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | □ Delete | NAME STREET ADDRESS CITY-ST-ZIP                |      |   |           |     | Change   | Addition   |

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 received for 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 attachagen with an officer or director or on an attachagen with an officer or director.

SIGNATURE: