

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90134 035 \*\*\*150.00

**DOCUMENT # S78680**

1. Entity Name  
**MAREXEL CORPORATION**

Principal Place of Business

2160 HOWLAND  
 STE 104  
 DEBARY FL 32738

Mailing Address

80 S HIGHWAY 17-92  
 90 GODDARD DR.  
 DEBARY FL 32713-2742

2. Principal Place of Business

**2160 HOWLAND BLD.**

3. Mailing Address

**90 GODDARD DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DELTONA FL**

City & State

**DEBARY FL**

4. FEI Number

**59-3091016**

Applied For

Not Applicable

Zip

**32738**

Country

**U.S.**

Zip

**32713**

Country

**U.S.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ANAYAS, MARCELO R**  
**80 SOUTH HIGHWAY 17-92**  
**DEBARY FL 32713**

7. Name and Address of New Registered Agent

Name **ANAYAS, MARCELO R.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**90 GODDARD DR.**  
 City **DEBARY FL** Zip Code **32713**

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 | NAME                 | STREET ADDRESS     | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------------|--------------------|-------------|---------------------------------|
| D     | ANAYAS, MARCELO R    | 80 S HIGHWAY 17-92 | DEBARY FL   | <input type="checkbox"/>        |
| D     | ANAYAS, CONCEPCION S | 80 S HIGHWAY 17-92 | DEBARY FL   | <input type="checkbox"/>        |
|       |                      |                    |             | <input type="checkbox"/>        |
|       |                      |                    |             | <input type="checkbox"/>        |
|       |                      |                    |             | <input type="checkbox"/>        |
|       |                      |                    |             | <input type="checkbox"/>        |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME               | STREET ADDRESS | CITY-ST-ZIP     | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|--------------------|----------------|-----------------|---------------------------------|-----------------------------------|
| D     | ANAYAS, MARCELO    | 90 GODDARD DR. | DEBARY FL 32713 | <input type="checkbox"/>        | <input type="checkbox"/>          |
| D     | ANAYAS, CONCEPCION | 90 GODDARD DR. | DEBARY FL 32713 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                    |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                    |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                    |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

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: **MARCELO ANAYAS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DIRECTOR / PRESIDENT**  
 Date **3/15/01** (904) 789-1555  
 Daytime Phone #

CR2E034 (9/99)