

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90052 034 \*\*\*150.00

**DOCUMENT # S78680**

1. Entity Name  
**MAREXEL CORPORATION**

Principal Place of Business

**2160 HOWLAND  
 STE 104  
 DELTONA FL 32738  
 US**

Mailing Address

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

2. Principal Place of Business

**90 GODDARD DR**

3. Mailing Address

**90 GODDARD DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DEBARY FL**

City & State

**DEBARY FL 3**

4. FEI Number **59-3091016**

Applied For

Not Applicable

Zip

**32713**

Country

**U.S.A.**

Zip

**32713**

Country

**U.S.A.**

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

**ANAYAS, MARCELO R  
 90 GODDARD DR  
 DEBARY FL 32713**

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 \$150.00  
 After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANAYAS, MARCELO R</b>	
STREET ADDRESS	<b>90 GODDARD DR</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANAYAS, CONCEPCION S</b>	
STREET ADDRESS	<b>90 GODDARD DR</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE		<input type="checkbox"/> Delete
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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		

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:

**ANAYAS MARCELO ANAYAS, PRESIDENT**

**4/22/01**

**407 668 7237**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)