

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

FILED

03 NOV -7 AM 9:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CHECK HERE IF MAKING CHANGES

DOCUMENT # S82401
1. Entity Name
MARLYN S. ASSOCIATES, INC.



Principal Place of Business
7350 102 PLACE SOUTH
BOYNTON BEACH, FL 33437

Mailing Address
1100 S FED HWY
4
BOYNTON BEACH, FL 33435 IIS

2. Principal Place of Business
17170 Whitehaven Drive
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State

Zip Country
33496 US

Zip Country
US

4. FEI Number
65-0284626

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
STAMEY, MARLYN S.
7360 102ND PL. S.
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent
Name
Clifford I. Hertz, P.A.
Street Address (P.O. Box Number is Not Acceptable)
One North Clematis Street
Suite 500
City
West Palm Beach FL Zip Code
33401

8. The above named entry 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 *Clifford I. Hertz* DATE 10/31/03
Signature, printed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when missing)

**FILE NOW WITH FEES \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$61.25
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P <input checked="" type="checkbox"/> Delete	NAME STAMEY, MARLYN S.	STREET ADDRESS 7350 102 PLACE S.	CITY-ST-ZIP BOYNTON BEACH, FL
TITLE S <input checked="" type="checkbox"/> Delete	NAME STAMEY, E.T.	STREET ADDRESS 7350 102ND PLACE, SOUTH	CITY-ST-ZIP BOYNTON BEACH, FL 33437
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE P/S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME LEGUM, WENDY	STREET ADDRESS 17170 Whitehaven Drive	CITY-ST-ZIP Boca Raton, FL 33496
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	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: *Wendy Legum, President* DATE 10/31/03 561-737-2776
Signature and typed or printed name of signing officer or director

CR2E034 (10/02)