

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**  
 04-24-2002 90401 039 \*\*\*150.00

**DOCUMENT # S84786**

1. Entity Name  
**MARRIC SERVICES, INC.**

Principal Place of Business  
**6 SHADOW BROOK LN  
 WEAVERVILLE NC 28787**

Mailing Address  
**6 SHADOW BROOK LN  
 WEAVERVILLE NC 28787**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |  |  |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>59-3090239</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |  |  |
| City & State                   |         | City & State        |         |   |  |  |  |
| Zip                            | Country | Zip                 | Country |   |  |  |  |

|   |  |  |  |  |  |    |  |
|---|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent                                 |  |  |  | 7. Name and Address of New Registered Agent        |  |    |  |
| <b>ROEDER, WALTER</b><br><b>16805 US HWY 19 N</b><br><b>CLEARWATER FL 33764</b> |  |  |  | Name   |  |    |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |    |  |
|   |  |  |  |  |  |    |  |
|   |  |  |  | City   |  | FL |  |

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: 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 checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|---|--|

| 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BUBLE, MARJORIE B.</b>                | NAME  |   |
| STREET ADDRESS             | <b>6 SHADOWBROOK LN</b>                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>WEAVERVILLE FL 28787</b>              | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BUBLE, RICHARD J.</b>                 | NAME  |   |
| STREET ADDRESS             | <b>6 SHADOWBROOK LN</b>                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>WEAVERVILLE FL 28787</b>              | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BOTTORF, LOUISE W.</b>                | NAME  |   |
| STREET ADDRESS             | <b>6 SHADOWBROOK LN</b>                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>WEAVERVILLE FL 28787</b>              | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | 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:** *Richard J. Buble* **RICHARD J. BUBLE** (F&F)  
 4/12/02 645-0847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)