

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V21253**

1. Entity Name

MARLIN CONSTRUCTION OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

**9888 MAJESTIC WAY
BOYNTON BEACH FL 33437**

Mailing Address

**P.O. BOX 11678
FT. LAUDERDALE FL 33339-1678**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**MARSHALL, WILMER KENT
9888 MAJESTIC EAY
BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

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, 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	P	<input type="checkbox"/> Delete
NAME	MARSHALL, WILMER K	
STREET ADDRESS	9888 MAJESTIC WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wilmer Kent Marshall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILMER KENT MARSHALL 1-8-00

Date

FILED**Jan 14, 2000 8:00 am
Secretary of State**

01-14-2000 90018 040 ***150.00

A0003661

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0319146**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required