

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V41892

1. Entity Name

MARYMEL, INC.

Principal Place of Business

8725 SW KANNER HWY  
INDIANTOWN FL 34956  
US

Mailing Address

8725 SW KANNER HWY  
INDIANTOWN FL 34956-3134  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0796872

Applied For

Not Applicable

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

SPOONER, EVA G  
4700 SE ROBERTSON RD  
PORT SALERNO FL 34992

Name MARY TAYLOR

Street Address (P.O. Box Number is Not Acceptable)

8725 SW Kanner Hwy

City

Indiantown

FL

Zip Code

34956

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

*Eva G Spooner*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SPOONER, MELVIN D SR  
STREET ADDRESS 4700 SE ROBERTSON RD  
CITY-ST-ZIP PORT SALERNO FL 34992 ☒ Delete

TITLE ~~Rev P~~  
NAME melvin D Spooner Jr  
STREET ADDRESS 8725 SW Kanner Hwy  
CITY-ST-ZIP Indiantown FL 34956 ☐ Change ☐ Addition

TITLE VTS  
NAME SPOONER, EVA G  
STREET ADDRESS 4700 SE ROBERTSON RD  
CITY-ST-ZIP PORT SALERNO FL 34992 ☒ Delete

TITLE VTS  
NAME MARY TAYLOR  
STREET ADDRESS 8725 SW Kanner Hwy  
CITY-ST-ZIP Indiantown FL 34956 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Shawn Magee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90875 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)