## 2002 Uniform Business Report (UBR)

## Mar 26, 2002 8:00 am Secretary of State DOCUMENT # V56341 1. Entity Name MARLOW'S MACHINE SHOP INC. 03-26-2002 90041 019 \*\*\*150 00 Principal Place of Business Mailing Address 6550 FAIRGROUND RD. P.O. BOX 375 MOLINO FL 32577 MOLINO FL 32577 2. Principal Place of Business 3. Mailing Address 6550 Fairground Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3136566 Florida Molino Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired <u>32.5 ገግ</u> Escambia Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARLOW, RICHARD C. Street Address (P.O. Box Number is Not Acceptable) 6550 FAIRGROUND RD. MOLINO FL 32577 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME MARLOW, RICHARD C., JR. NAME STREET ADDRESS 6550 FAIRGROUND RD. STREET ADDRESS MOLINO FL 32577 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MARLOW, CAROLYN M. NAME STREET ADDRESS 6550 FAIRGROUND RD. STREET ADDRESS CITY-ST-7IP MOLINO FL 32577 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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