

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90042 006 ***150.00

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

DOCUMENT # H64787
 1. Entity Name
STOW-A-WAY MANAGEMENT COMPANY



Principal Place of Business
**C/O CARLISLE L. MARSHALL
 5334 POINT LANE EAST
 JUPITER, FL 33458**

Mailing Address
**C/O CARLISLE L. MARSHALL
 5334 POINT LANE EAST
 JUPITER, FL 33458**

2. Principal Place of Business
7184 S.E. OSPREY ST

3. Mailing Address
7184 SE OSPREY ST

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
HOBE SOUND, FL

City & State
HOBE SOUND, FL

Zip
33455

Country
US

4. FEI Number
59-2658102

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MARSHALL, CARLISLE L.
 5334 POINT LANE EAST
 JUPITER, FL 33458**

7. Name and Address of New Registered Agent
 Name **TODD C. MARSHALL**
 Street Address (P.O. Box Number is Not Acceptable)
7184 S.E. OSPREY STREET
 City **HOBE SOUND, FL** Zip Code **33455**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Todd C. Marshall* **TODD C. MARSHALL** **4-16-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

FILE NOW!!! FEE IS \$150.00
 APR 15, 2003 Fee will be \$550.00
 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MARSHALL, CARLISLE L.	5334 POINT LANE E.	JUPITER, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 empowerment.

SIGNATURE: *Carlisle L. Marshall* **CARLISLE L. MARSHALL** **4-16-2003**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#

CR2E03A (10/02)