

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90027 033 ***150.00

DOCUMENT # 622971

1. Entity Name
MARSH PRINTING CO., INC.

Principal Place of Business

**2140 N.E. 2ND ST.
 GAINESVILLE FL 32609**

Mailing Address

**2140 N.E. 2ND ST.
 GAINESVILLE FL 32609**

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

59-1916478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARSH, CLAUDE H
 2140 NE 2ND ST.
 GAINESVILLE FL 32609**

7. Name and Address of New Registered Agent

Name **Kevin J. Marsh**

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

2140 NE 2nd St

City **Gainesville**

FL

Zip Code **32609**

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

Kevin J. Marsh **Kevin J. Marsh**

4/30/02

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, 2002 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

T ☐ Delete
 NAME **MARSH, PATRICIA M**
 STREET ADDRESS **2140 N.E. 2ND ST.**
 CITY-ST-ZIP **GAINESVILLE FL**

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

P ☐ Delete
 NAME **MARSH, KEVIN J**
 STREET ADDRESS **2140 N.E. 2ND ST.**
 CITY-ST-ZIP **GAINESVILLE FL**

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

C ☐ Delete
 NAME **MARSH, CLAUDE H.**
 STREET ADDRESS **2140 N.E. 2ND ST.**
 CITY-ST-ZIP **GAINESVILLE FL**

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

V ☐ Delete
 NAME **MARSH, SCOTT A.**
 STREET ADDRESS **2140 N.E. 2ND ST.**
 CITY-ST-ZIP **GAINESVILLE FL**

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

S ☐ Delete
 NAME **STANFORD, CHERYL A.**
 STREET ADDRESS **2140 N.E. 2ND ST.**
 CITY-ST-ZIP **GAINESVILLE FL**

☐ 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

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:

Cheryl A. Stanford **Cheryl A. Stanford**

Date

Daytime Phone #

CR2E034 (9/01)