

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90299 026 ***158.75

0646094 AT

DOCUMENT # 833067

1. Entity Name

MARSHALL MANUFACTURING CORP.



Principal Place of Business

**HAWKINS DR
LEWISBURG FL 37091
US**

Mailing Address

**P. O. BOX 1729
LEWISBURG TN 37091
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

62-0813827

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **RENEW**

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WATTS, JAMES M.
200 IMPERIAL BLVD
CAPE CANAVERAL FL 32920**

7. Name and Address of New Registered Agent

Name **William M. Ducanis**
Street Address (P.O. Box Number is Not Acceptable)
200 Imperial Blvd.
Cape Canaveral, FL 32920
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William M. Ducanis*
Signature, typed or printed name of registered agent and title if applicable.

William M. Ducanis

(NOTE: Registered Agent signature required when reinstating)

4/30/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 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	SD	<input type="checkbox"/> Delete
NAME	DUCANIS, JOE	
STREET ADDRESS	2621 POLK STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUCANIS, WILLIAM M	
STREET ADDRESS	200 IMPERIAL BLVD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAPPS, JEAN	
STREET ADDRESS	425 ASHWOOD AVENUE	
CITY-ST-ZIP	LEWISBURG TN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STILTZ, W DAN	
STREET ADDRESS	103 KIRKMAN LN	
CITY-ST-ZIP	NASHVILLE TN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowered.

SIGNATURE:

W. Dan Stiltz
W. Dan Stiltz, President

931-359-2573

Date

Daytime Phone #

CR2E034 (10/02)