

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90786 050 \*\*\*150.00

**DOCUMENT # 849108**

1. Entity Name  
**MARLBORO INDUSTRIAL PARK, INCORPORATED**



Principal Place of Business  
**255 DIESEL RD  
ST AUGUSTINE FL 32086  
US**

Mailing Address  
**200 LAURA STREET  
JACKSONVILLE FL 32202**

**10050431**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-1710941**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**F&L CORP  
200 LAURA STREET  
JACKSONVILLE FL 32202**

Name

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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD LUHRS, JOHN H**  
STREET ADDRESS **P.O. BOX 1030, ROUTE 441 N/A**  
CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE ☐ Delete  
NAME **VPD LUHRS, WARREN R**  
STREET ADDRESS **P.O. BOX 1030, ROUTE 441 N/A**  
CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE ☐ Delete  
NAME **ST DINGLER, BRIAN**  
STREET ADDRESS **255 DIESEL RD**  
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE ☒ Change ☐ Addition  
NAME **Vice President & Secretary**  
STREET ADDRESS **Brian Dingler**  
CITY-ST-ZIP **255 Diesel Rd., St. Augustine, FL 32086**

TITLE ☒ Delete  
NAME **AS ASH, RICHARD**  
STREET ADDRESS **255 DIESEL ROAD**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☒ Change ☒ Addition  
NAME **Treasurer**  
STREET ADDRESS **Daniel N. Jett**  
CITY-ST-ZIP **P.O. Box 1030, Rte. 441, Alachua, FL 32615**

TITLE ☐ Delete  
NAME **AS MCOMBER, RICHARD**  
STREET ADDRESS **54 SHREWSBURY AVENUE**  
CITY-ST-ZIP **RED BANK NJ 07701**

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

TITLE ☐ Delete  
NAME **V SPIRES, CHARLES**  
STREET ADDRESS **P.O. BOX 1030 RT 441 N/A**  
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ Change ☐ 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: \_\_\_\_\_

**SIGNATURE REQUIRED**

3/5/03

732-842-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RICHARD D. MCOMBER, ASSISTANT SECRETARY**

Date

Daytime Phone #

CR2E034 (10/02)