

2000 UNIFORM BUSINESS REPORT (UBR) 2001

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90538 020 ***150.00

DOCUMENT # F22786
 Entity Name
PATRICIA MARSHALL REALTY, INC.
(DID NOT RECEIVE 2001 FORM)

Principal Place of Business
LAKE WORTH ROAD
LAKE WORTH FL 33461

Mailing Address
3431 LAKE WORTH ROAD
LAKE WORTH FL 33461-3648

00043731



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
8799 KENDALL PLACE
 Suite, Apt. #, etc.

City & State
LAKE WORTH FL

4. FEI Number **59-2190303** Applied For
 Not Applicable

Zip Country Zip Country
33467

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

6. Name and Address of Current Registered Agent
MARSHALL, PATRICIA
3431 LAKE WORTH ROAD
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent
 Name **"SAME"**
 Street Address (P.O. Box Number is Not Acceptable)
8799 KENDALL PLACE
 City **LAKE WORTH** FL Zip Code **33467**

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 *Patricia Marshall* DATE **4/15/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
2000 FEE WILL BE \$50.00
 Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
STREET ADDRESS -ST-ZIP	PVS MARSHALL, PATRICIA 8799 KENDALL PLACE LAKE WORTH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS -ST-ZIP	T MARSHALL, PATRICIA 8799 KENDALL PLACE LAKE WORTH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Patricia Marshall* DATE **4/13/2001**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)