


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

DOCUMENT # **F. 22786**
 1. Entity Name
PATRICIA MARSHALL REALTY INC



NEVER RECEIVED 2003
 Form JUN -5 PM 12:52

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

2. Principal Place of Business
8799 KENDALL PLACE
 Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH FL

City & State
LAKE WORTH FL

Zip **FL 33467** Country **USA** Zip **FL 33467** Country **USA**

4. FEI Number
59-2190303

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
PATRICIA MARSHALL

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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	PVS PATRICIA MARSHALL 8799 KENDALL PLACE LAKE WORTH FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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500020686615
 06/09/03--01081--001 **300.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Marshall Date: 4/27/03 561-964-2683
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

561-964-2498
 2/6/5

CR2E034B (12/02)

To & From

June 1-03

Fla. Dept of State

Patricia Marslow Realty Co

Received your letter # 903400031108

Please record the change of address: 8799 Kendall Rd.
Lakewood Fla
33467

We have never rec @ this address the proper forms
for filing. After speaking w/ your Dept this #
it was determined that form was sent to the
prior address. As requested I'm sending
you a letter to this effect, perhaps
you can reverse the re-instatement fee.

Thanking you in advance.

Sincerely

Patricia Marslow

561-964-2498

964-2683