

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001112

1. Entity Name,

MARSHALL MARKETING & COMMUNICATIONS, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90044 037 \*\*\*150.00

Principal Place of Business	Mailing Address
2000 OXFORD DRIVE, 4TH FLOOR BETHEL PARK FL 15102	2000 OXFORD DRIVE, 4TH FLOOR BETHEL PARK FL 15241-3949

2. Principal Place of Business	3. Mailing Address
2600 Boyce Plaza Road Suite, Apt. #, etc. 210	2600 Boyce Plaza Road Suite, Apt. #, etc. 210
City & State Pittsburgh PA	City & State Pittsburgh, PA
Zip 15241	Zip 15241
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	25-1483919	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARSHALL, KEVIN 4210 SAN LUIS TAMPA FL 33629	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.

SIGNATURE \_\_\_\_\_ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MARSHALL, CRAIG A 2000 OXFORD DRIVE, 4TH FLOOR BETHEL PARK PA 15102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC Marshall, Craig A 2600 Boyce Plaza Road, Ste 210 Pittsburgh, PA 15241 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: x *[Signature]* **REQUIRED** Date: 3/20/00 Daytime Phone #: 813-835-1601

CR2E034 (9/99)