2001 UNIFORM BUSINESS REPORT (UBR)

04-09-2001 90016 029 ***150.00

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # G91664 1. Entity Name MARSH COVE EQUITIES, INC. Principal Place of Business Mailing Address 920 3RD STREET 920 3RD STREET STE B STE B NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32266 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip

6. Name and Address of Current Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered

WALLACE, L D

STE B

(See criteria on back)

920 3RD STREET

NEPTUNE BEACH FL 32266

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

SCOTT L. MCCALEB

Signature, typed or printed name of registered agent and title if applicable.

						DO NOT W	/RITE IN TH	IIS SPA	CE		
				4. F	El Number	59-2391	575		<u> </u>	pplied For ot Applicable	_
Country			-	5. Certificate of Status Desired. \$8.75 Additional Research Status Desired.							
			•	7. N	lame and A	ne and Address of New Registered Agent					
		Name	SCO	TT	LM	CCALEB					
		Street A	ddress (P. E. 2	0. Bo 1 S '	ox Number i ${f T}$. ${f S}{f T}$	is Not Accepta REET	able)				
City			CKSO	DNVILLE, FL					Zip Cod 322	ie 06	
ng its re	egistere					in the State of	Florida.				
(NOTE Projectored Agost classifications agreement when rejectations)											
(NOTE: Registered Agent signature required w				hen rei	instating)		DA	TE			
OW!!! FEE IS \$150.00 1, 2001 Fee will be \$550.00 ayable to Department of Stat					Trust	ion Campaign Fund Contrib	ution.		Ädded	00 May Be d to Fees	
	12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
	TITLE NAME							χŪ) Change	□ Addition	
			155	155 E. 21st Street							
STREET ADDRESS CITY-ST-ZIP			Jācksonville, FL 32206								
	TITLE							X	Change	Addition	
NAME		000									

	0.550550 1110 015	SOTODO	40	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	ADDITIONS (CHANGES TO DESIGNED AND DIRECTORS IN 11					
11.	OFFICERS AND DIF	ECTORS	12.							
TITLE	DPT	☐ Delete	TITLE	X Change ☐ A	ddition					
NAME	MCCALEB, SCOTT L		NAME	155 E. 21st Street						
STREET ADDRESS	9551 BAYMEADOWS RD, SUITE 4		STREET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	Jācksonville, FL 32206						
TITLE	VPS	Delete	TITLE	- X-X Change ☐ Ad	ddition					
NAME	WALLACE, L D		NAME	000-2 1-81 1 B						
STREET ADDRESS	9551 BAYMEADOWS RD, SUITE 4		STREET ADDRESS	9 20 3rd Street, Suite B						
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	N eptune Beach, FL 32266						
TITLE	OVOURAILTE I.F	☐ Delete	TITLE	☐ Change ☐ A	ddition					
		☐ Delete	NAME							
NAME			STREET ADDRESS							
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STREET ADDRESS			STREET ADDRESS		1					
CITY-ST-ZIP			CITY-ST-ZIP							
			TITLE	☐ Change ☐ Ai	ddition					
TITLE		☐ Delete		Change Chan	QUIRUIT					
NAME			NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
12. I have by contifue that the information according to the filling does not expelled for the expension stated in Section 119 (7/2Vi). Florida Statutes: I further certify that the information										

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

Thereby Denny that the information supplied with this ining does not quality for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 employees.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-05-2001

Daytime Phone #

CR2E034 (10/00)