2002 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2002 8:00 am K54534 DOCUMENT # Secretary of State 1. Entity Name 02-06-2002 90025 050 ***150.00 MARSHALL LAND COMPANY Mailing Address Principal Place of Business 5000 BRILL PT. 5000 BRILL PT. TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2933097 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name =: MARSHALL, J. STANLEY Street Address (P.O. Box Number is Not Acceptable) 5000 BRILL PT TALLAHASSEE FL 32312 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Change TITLE ☐ Delete TITLE NAME MARSHALL, J. STANLEY NAME STREET ADDRESS STREET ADDRESS 5000 BRILL PT CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME MARSHALL, SHIRLEY A. NAME STREET ADDRESS 5000 BRILL PT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

NOTIFIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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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

SIGNATURE: