## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

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## Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # K83087** MARSH HOLDINGS, INC. 04-25-2000 90014 029 \*\*\*150.00 Mailing Address Principal Place of Business 10 N COLUMBIA STREET P O BOX 1029 LAKE CITY FL 32055 LAKE CITY FL 32056-1029 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 26-5960587 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALEY, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 10 N COLUMBIA ST LAKE CITY FL 32055 Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **VPST** Change Addition ☐ Delete TITLE HALEY, WILLIAM J. NAME STREET ADDRESS STREET ADDRESS 10 N COLUMBIA ST CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL Change ☐ Addition TITLE ☐ Delete TITLE NAME OOSTERHOUDT, F.S., III NAME STREET ADDRESS 2817 E DUVAL LST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 traffee metod seed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

all other like empowered.

Date

Daytime Phone #

ED NAME OF SIGNING OF