

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90046 024 ***150.00

0483780 AV

DOCUMENT # L03142

1. Entity Name

FRANK MARSHALL, INC.

Principal Place of Business

Mailing Address

1189 EGLIN PKWY.
PO BOX 851
SHALIMAR FL 32579-1252

1189 EGLIN PKWY.
PO BOX 851
SHALIMAR FL 32579-1252

2. Principal Place of Business

1222 CAPE CORAL PKWY

3. Mailing Address

P.O. Box 101510

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

FL 33904

Country

USA

Zip

33910

Country

USA

4. FEI Number

59-2966927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARSHALL, FRANK
652 POWELL DR.
FT. WALTON BCH. FL 32548**

7. Name and Address of New Registered Agent

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

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

(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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, FRANK	
STREET ADDRESS	652 POWELL DR.	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, SUSAN	
STREET ADDRESS	652 POWELL DR.	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, MELINDA	
STREET ADDRESS	652 POWELL DR.	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3726 SE 3RD TRACE	
STREET ADDRESS	P.O. Box 101510	
CITY-ST-ZIP	CAPE CORAL, FL. 33910	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3726 SE 3RD TRACE	
STREET ADDRESS	P.O. Box 101510	
CITY-ST-ZIP	CAPE CORAL, FL. 33910	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3726 SE 3RD TRACE	
STREET ADDRESS	P.O. Box 101510	
CITY-ST-ZIP	CAPE CORAL, FL. 33910	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frank Marshall 1/8/02 941 445-2867

CR2E034 (9/01)