

2001 UNIFORM BUSINESS REPORT (UBR)

0003632 AF

DOCUMENT # M00000002317

1. Entity Name
MARSH & SON OF MISSISSIPPI, L.L.C.

FILED

01 JAN 29 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6705 NORTH DAVIS HWY.
PENSACOLA FL 32504

Mailing Address
6705 NORTH DAVIS HWY.
PENSACOLA FL 32504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 64-0881491

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME John P. Marsh
STREET ADDRESS 2970 Ashland City Rd
CITY-ST-ZIP CLARKSVILLE, TN 37043

TITLE ☐ Change ☐ Addition
NAME 200003654752-1
STREET ADDRESS -02/06/01--01101--006
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME JULIANNA C. MARSH
STREET ADDRESS 2970 Ashland City Rd
CITY-ST-ZIP CLARKSVILLE, TN 37043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME JOHN PAUL MARSH, JR
STREET ADDRESS 9009 UNIVERSITY PKWY #138
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)