FILED
Feb 13, 2003 8:00 am
Secretary of State

01-29-2003 90041 047 *****5.00
02-13-2003 90026 032 ****45.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/2

30035169

DOCUMENT # M00000002317

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

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 64-0881491 ☐ Applied For ☐ Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARSH, JOHN P 2970 ASHLAND CITY RD. CLARKSVILLE IN 37043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, John A. Marsh ~~9305~~ 9305 Hwy 49 Gulfport, MS 39503	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MARSH, JULIANNA C 2970 ASHLAND CITY RD. CLARKSVILLE IN 37043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Julianna C. Marsh 9305 Hwy 49 Gulfport, MS 39503	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARSH, JOHN P JR 9009 UNIVERSITY PKWY #138 PENSACOLA FL 32514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: Julianna C. Marsh JULIANNA C. MARSH 1/22/03 228 922-0013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #