

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90360 025 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000058281			
1. Entity Name MARSHALL VENTURES, INC.			
Principal Place of Business 6001 PELICAN BAY BLVD. PH-B NAPLES FL 34108-8166		Mailing Address 6001 PELICAN BAY BLVD. PH-B NAPLES FL 34108-8166	
2. Principal Place of Business		3. Mailing Address 5811 Pelican Bay Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 600	
City & State		City & State Naples, Florida	
Zip	Country	Zip	Country
		34108	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NEUHARTH, GAIL K C/O MYERS KRAUSE & STEVENS, CHARTERED 5811 PELICAN BAY BLVD, SUITE 600 NAPLES FL 34108		Name FWLER WHITE MYERS KRAUSE	
		Street Address (P.O. Box Number is Not Acceptable) 5811 Pelican Bay Blvd.	
		Ste 600	
		City Naples	
		FL Zip Code 34108	
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 By: <u>Andrew J. Krause</u> / Andrew J. Krause <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MARSHALL, CHARLES 6001 PELICAN BAY BLVD PH-B NAPLES FL 34108-8166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MARSHALL, MILLICENT B 6001 PELICAN BAY BLVD PH-B NAPLES FL 34108-8166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Marshall
CHARLES MARSHALL President

4-10-02 (941) 597-3054
 Date Daytime Phone #

CR2E034 (9/01)