

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90038 049 ***150.00

DOCUMENT # P00000058281

1. Entity Name
MARSHALL VENTURES, INC.



Principal Place of Business
6001 PELICAN BAY BLVD. PH-B
NAPLES FL 34108-8166

Mailing Address
5811 PELICAN BAY BLVD
STE 600
NAPLES FL 34108

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
65-1017453

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOWLER WHITE MYERS KRAUSE
5811 PELICAN BAY BLVD
STE 600
NAPLES FL 34108

Name
FOWLER WHITE BOGGS BANKER P.A.
Street Address (P.O. Box Number is Not Acceptable)
5811 PELICAN BAY BOULEVARD, SUITE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jeann L. Seaward, Esq.* *Jeann L. Seaward, Esq.* *4-14-03*
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **MARSHALL, CHARLES**
STREET ADDRESS **6001 PELICAN BAY BLVD PH-B**
CITY-ST-ZIP **NAPLES FL 34108-8166**

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

TITLE **VPT** ☐ Delete
NAME **MARSHALL, MILLICENT B**
STREET ADDRESS **6001 PELICAN BAY BLVD PH-B**
CITY-ST-ZIP **NAPLES FL 34108-8166**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Marshall* *Charles Marshall* *4/11/03* *239.597.3054*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)