

5/21

FILED

Jun 18, 2002 8:00 am  
Secretary of State

05-21-2002 90879 017 \*\*\*158.75

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000085722 ✓

1. Entity Name

MARSHALL PORTABLE BUILDING, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6023 Dogwood Dr  
Suite, Apt. #, etc.

3. Mailing Address

6023 Dogwood Dr.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

MILITARY FL

City &amp; State

MILITARY FL

FEI Number

P00000085722

4. Applied For

Not Applicable

Zip

32570

Country

SANTA ROSA

Zip

32570

Country

SANTA ROSA

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

SH M ENTERPRISES, INC

Street Address (P.O. Box Number is Not Acceptable)

3026 Killarney Dr.

City

LACE

FL

Zip Code 32571

**DO NOT WRITE  
IN THIS SPACE**

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

JOHN C MARSHALL

John C Marshall 6-4-02

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

(NOTE: Registered agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIPPRES.  
JOHN C MARSHALL  
3869 CRABTREE CHURCH RD  
MILITARY, FL. 32577TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
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NAME  
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CITY - ST - ZIP**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John C Marshall

4-30-2002 850-626-4007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)