

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90176 037 ***150.00

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1. Entity Name
CHESTER MARSHALL INSURANCE AGENCY, INC.



Principal Place of Business
~~C/O THE TAXXPERS INC.~~ 14201 Bruce B. Downs #3, TPA
15951 N. FLORIDA AVENUE
LUTZ FL 33549
FLA 33613

Mailing Address
~~C/O THE TAXXPERS INC.~~
15951 N. FLORIDA AVENUE SAME
LUTZ FL 33549



2. Principal Place of Business
14201 Bruce B. Downs
Suite, Apt. #, etc.
3
City & State
TPA FLA
Zip
33613
Country
USA

3. Mailing Address
14201 Bruce B. Downs Blvd
Suite, Apt. #, etc.
3
City & State
TPA
Zip
33613
Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
37-1427062

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STAFFORD, S L
C/O THE TAXXPERS INC.
15951 N. FLORIDA AVENUE
LUTZ FL 33549

7. Name and Address of New Registered Agent

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 _____
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
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	MARSHALL, CHESTER JR.	14201 BRUCE B DOWNS BLVD.	
		TAMPA FL 33613		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 a address with all other like empowered.

SIGNATURE: Signature of Chester Marshall Jr. Date: 2/14/03 Phone: 813-977-2488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)