

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90324 012 ***150.00

DOCUMENT # **P02000078343**

1. Entity Name

W. A. MARSH ENTERPRISES, INC.
8034 FRESCA ST.
JACKSONVILLE, FL. 32217 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8034 FRESCA ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

4. FEI Number

30-00906067

Applied For

Not Applicable

Zip

32217

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

THOMAS C. FLEIMAN, JR.

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

9471 BAYMEADOWS RD, STE 308

City

JACKSONVILLE

FL

Zip Code

32256

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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

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

(NOTE: Registered Agent signature required when reinstating)

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-ZIP
WILLIAM A. MARSH III
8034 FRESCA ST.
JACKSONVILLE, FL. 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/DIRECTOR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **William A. Marsh III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Marsh III

Date

4/28/03

Daytime Phone #

904759-8499

CR2E034B (12/01)