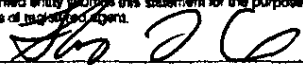


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90150 004 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P84000068063		
1. Entity Name MARSHAW DEVELOPMENT GROUP, INC.		
Principal Place of Business 248 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701		Mailing Address 248 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701
2. Principal Place of Business P.O. Box 40008 Suite, Apt. #, etc.		3. Mailing Address PO Box 40008 Suite, Apt. #, etc.
City & State ST. PETERSBURG FL		City & State ST. PETERSBURG FL
Zip 33743		Zip 33743
Country USA		Country USA
4. FEI Number 58-3267842		Applied For ☐ Not Applicable
5. Certificate of Status Deemed ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent COX, THOMAS F 248 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name Hill Country CLUB RD N Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL Zip Code 33710
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:  DATE: 4/27/03 Signature, typed or printed name of registered agent and title if applicable. (MORE Registered Agents required where appropriate) DATE		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D COX, THOMAS F 248 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701 ☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP LAWRENCE, DAVID M 706 S VILLAGE DR N, 201 ST. PETERSBURG, FL 33716 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ 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 my address, with full other law empowered.		
SIGNATURE:  DATE: 4/27/03 (777) 458-5176 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		