

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90078 016 \*\*\*150.00

**DOCUMENT # P94000078467**

1. Entity Name  
**JOHN MARSHALL AND ASSOCIATES INC.**



Principal Place of Business  
**2320 TURNBERRY DR.  
OVIEDO FL 32765  
US**

Mailing Address  
**P. O. BOX 597  
OVIEDO FL 32765  
US**

**60001784**



2. Principal Place of Business  
**2320 TURNBERRY DRIVE**

3. Mailing Address  
**P.O. BOX 620597**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**OVIEDO FL 32765**

City & State  
**OVIEDO FL**

4. FEI Number  
**59-3287100**

Applied For  
Not Applicable

Zip  
**32765**

Country  
**US**

Zip  
**32765**

Country  
**US**

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

## 6. Name and Address of Current Registered Agent

**JOHN J. MARSHALL  
2320 TURNBERRY DRIVE  
OVIEDO FL 32765**

## 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 *John J. Marshall*  
Signature, typed or printed name of registered agent, not title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/09/03  
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

TITLE **P** ☐ Delete  
NAME **MARSHALL, JOHN J**  
STREET ADDRESS **2320 TURNBERRY DR**  
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **CEO** ☐ Delete  
NAME **MARSHALL, RENEE F**  
STREET ADDRESS **2320 TURNBERRY DR**  
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *John J. Marshall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/09/03  
Date

Daytime Phone #

CR2E034 (10/02)