

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90080 049 \*\*\*150.00

**DOCUMENT # P94000093883**

1. Entity Name  
**MARSCHAND ENTERPRIZES, INC.**

Principal Place of Business <b>10802 SATELLITE BLVD. ORLANDO FL 32837</b>	Mailing Address <b>10802 SATELLITE BLVD. ORLANDO FL 33513-1930</b>
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**AU034952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5000 CR 564B</b>	3. Mailing Address <b>P.O. Box 1930</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BUSHNELL</b>	City & State <b>BUSHNELL</b>	4. FEI Number <b>59-3282829</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33513</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MARSCHAND, LARRY E 10802 SATELLITE BLVD. ORLANDO FL 32837</b>	7. Name and Address of New Registered Agent Name <b>LARRY E MARSCHAND</b> Street Address (P.O. Box Number is Not Acceptable) <b>5000 CR 564B</b> City <b>BUSHNELL</b> FL Zip Code <b>33513</b>
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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 **LARRY E MARSCHAND OWNER** *Larry E Marschand* **4-4-00**  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MARSCHAND, LARRY E 26 WHITE MARSH CIRCLE ORLANDO FL 32824</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5000 CR 564B BUSHNELL, FL 33513</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry E Marschand* **LARRY E MARSCHAND** **4-4-00** **352 793 2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)