## 2000 UNIFORM BUSINESS REPORT (UBR) Mar 24, 2000 8:00 am DOCUMENT # P95000036731 **Secretary of State** RUSSELL C. MARSHMAN ENTERPRISES, INC. 03-24-2000 90087 009 \*\*\*150.00 Principal Place of Business Mailing Address 4924 VICEROY ST 4924 VICEROY ST CAPE CORAL FL 33904 CAPE CORAL FL 33904-9060 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0582006 Not Applicable Zip Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARSHMAN, RUSSELL C Street Address (P.O. Box Number is Not Acceptable) 4924 VICEROY ST. D-5 CAPE CORAL FL 33904 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$5,000 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE TITLE ☐ Delete MARSHMAN, RUSSELL C NAME NAME STREET ADDRESS 1813 S.W. 3RD PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Change ☐ Addition ÎITLE ☐ Delete TITLE VAME NAME TREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition ITLE IAME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition ΠLE TITLE AME NAME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITY-ST-7IP ☐ Change noitibb | ίŤιε ☐ Delete TITLE AME NAME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-ST-ZIP TLE ☐ Delete TITLE Change Addition ĬΜE NAME REET ADDRESS STREET ADDRESS ήγ-ST-71P CITY-ST-ZIP 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 pagress, with all other like empowered.