

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90040 011 ***150.00

04/29/02 AV

DOCUMENT # P96000049560

1. Entity Name

MARSH & MARSH, INC.

Principal Place of Business

**287 BATTLEGROVE DRIVE
 DAVENPORT FL**

Mailing Address

**287 BATTLEGROVE DRIVE
 DAVENPORT FL**

2. Principal Place of Business

8845 WEST COLONIAL DRIVE

3. Mailing Address

287 BATTLEGROVE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

DAVENPORT FLORIDA

Zip

34761

Country

USA

Zip

33837

Country

USA

4. FEI Number

59-3385186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARSH, JOHN R
 287 BATTLEGROVE DRIVE
 DAVENPORT FL**

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MARSH, JOHN ROBERT	
STREET ADDRESS	287 BATTLEGROVE DRIVE	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARSH, GAIL ELIZABETH	
STREET ADDRESS	287 BATTLEGROVE DRIVE	
CITY-ST-ZIP	DAVENPORT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. MARSH

Date

Daytime Phone #

4/22/2002 4072948822

CR2E034 (9/01)