

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91425 024 ***150.00

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DOCUMENT # P96000049560

1. Entity Name
MARSH & MARSH, INC.



Principal Place of Business
8845 WEST COLONIAL DR
OCOOEE FL 34761

Mailing Address
287 BATTLEGROVE DRIVE
DAVENPORT FL

2. Principal Place of Business
8923 WEST COLONIAL DR.

3. Mailing Address
287 BATTLEGROVE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCOOEE FL

City & State
DAVENPORT FL

4. FEI Number 59-3385186

Applied For
Not Applicable

Zip
34761

Country
USA

Zip
33837

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSH, JOHN R
287 BATTLEGROVE DRIVE
DAVENPORT FL

Name JOHN R. MARSH

Street Address (P.O. Box Number is Not Acceptable)

287 BATTLEGROVE DRIVE

City DAVENPORT

FL

Zip Code 33837

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MARSH, JOHN ROBERT
STREET ADDRESS 287 BATTLEGROVE DRIVE
CITY-ST-ZIP DAVENPORT FL

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

TITLE VP ☐ Delete
NAME MARSH, GAIL ELIZABETH
STREET ADDRESS 287 BATTLEGROVE DRIVE
CITY-ST-ZIP DAVENPORT FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2003

4072948822

Date

Daytime Phone #

CR2E034 (10/02)