FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 21, 2001 8:00 am DOCUMENT # P97000101351 Secretary of State 1. Entity Name MARSHALL ENTERPRISES, INC. ELECTRICAL CONTRACTOR 03-21-2001 90052 040 ***150.00 Principal Place of Business Mailing Address 10895 AVENIDA SANTA ANA 10895 AVENIDA SANTA ANA 731961 **BOCA RATON FL 33498 BOCA RATON FL 33498** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0798619 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARSHALL, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 10895 AVENIDA SANTA ANA **BOCA RATON FL 33498** Zip Code City 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 explicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. TITLE ☐ Delete TITI F JOSE HERNANDEZ 631 LYONS RD. AI NAME MARSHALL, RICHARD D NAME APT 12102 STREET ADDRESS STREET ADDRESS 10895 AVENIDA SANTA ANA COCONUT CREEK, FL. 33063 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** TITLE ☐ Delete TITLE NAME LUIS HERNANDEZ 9812 N. GRAND DUKE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TAMARAC. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: P.D. Man Call Dies. RICHARDD. MARSHAU 3-18-01 (561)470-1440