

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011122

1. Entity Name

FRP SERVICES, INC.

Principal Place of Business

1965 HUNTERFIELD ROAD
MAITLAND FL 32751

Mailing Address

1965 HUNTERFIELD ROAD
MAITLAND FL 32751

2. Principal Place of Business

1758 COCOPLUM COURT

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 162306

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32779

Country

Zip

32716-2306

Country

4. FEI Number

59-3490629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, WILLIAM THOMAS JR
1965 HUNTERFIELD ROAD
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

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

1758 COCOPLUM COURT

City

LONGWOOD,

FL

Zip Code

32779

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARSHALL, WILLIAM THOMAS JR
1965 HUNTERFIELD ROAD
MAITLAND FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1758 COCOPLUM COURT
LONGWOOD, FL 32779 ☒ Change ☐ Addition

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

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

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

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

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

WILLIAM T. MARSHALL, JR.

Date

Daytime Phone #

FLORIDA COPY

0050949

CR2E034 (10/00)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90512 050 ***150.00



DO NOT WRITE IN THIS SPACE