

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91778 007 \*\*\*150.00

DOCUMENT # P98000011122

1. Entity Name  
FRP SERVICES, INC.



Principal Place of Business  
1758 COCOPLUM COURT  
LONGWOOD FL 32779

Mailing Address  
PO BOX 162306  
ALTAMONTE SPRINGS FL 32716-2306

2. Principal Place of Business  
1000 W. 11th Ave  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 1549  
Suite, Apt. #, etc.

City & State  
Mount Dora FL

City & State  
Mount Dora FL

4. FEI Number 59-3490629

Applied For  
Not Applicable

Zip  
32757

Country

Zip  
32756

Country

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

MARSHALL, WILLIAM THOMAS JR  
1758 COCOPLUM COURT  
LONGWOOD FL 32779

## 7. Name and Address of New Registered Agent

Name Marshall, William Thomas Jr  
Street Address (P.O. Box Number is Not Acceptable)  
1000 W. 11th Ave  
City Mount Dora FL Zip Code 32757

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 William T Marshall Jr 4/30/03  
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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, WILLIAM THOMAS JR 1758 COCOPLUM COURT LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marshall, William Thomas Jr 1000 W. 11th Ave Mount Dora FL 32757	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William T Marshall Jr 4/30/03 352-735-5806  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)