

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P98000067395

1. Entity Name  
**MARSALAN INC.**



02 OCT 27 PM 1:00  
**AMENDED**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
408 S.E. 28TH STREET AVE  
POMPANO BEACH, FL 33062

Mailing Address  
408 S.E. 28TH STREET AVE  
POMPANO BEACH, FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0860004**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAVIAGE, MARSHA  
408 S.E. 28TH STREET AVE  
POMPANO BEACH, FL 33062

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. 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 \$160.00**  
After May 1, 2003 Fee will be \$550.00  
Amended UBR is \$61.25  
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 PD ☐ Delete  
NAME SCHNITZER, ALAN  
STREET ADDRESS 8403 LORRIE  
CITY-ST-ZIP HOUSTON, TX 77025

TITLE VPD ☐ Delete  
NAME LAVIAGE, MARSHA  
STREET ADDRESS 408 S.E. 28TH STREET AVE  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE SD ☐ Delete  
NAME LAVIAGE, SAM S  
STREET ADDRESS 408 S.E. 28TH STREET AVE  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☒ Change ☐ Addition  
NAME **ALAN SCHNITZER**  
STREET ADDRESS **8403 LORRIE**  
CITY-ST-ZIP **HOUSTON, TEXAS 77025**

TITLE **PD** ☒ Change ☐ Addition  
NAME **MARSHA LAVIAGE**  
STREET ADDRESS **408 S.E. 28TH AVE**  
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **SAM LAVIAGE**  
STREET ADDRESS **408 S.E. 28TH AVE**  
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE ☐ Change ☐ Addition  
NAME **000024083199**  
STREET ADDRESS **10/24/03-01028--001 \*\*61.25**  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 507, 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:

*Marsha Lavidge President* 10-22-03 954-783-7275  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

7/10/25