2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90046 017 ***150.00

DOCUMENT # P98000105031

1. Entity Name
KEVIN MARSHALL, INC.

Principal Place of Business	Mailing Address
5177 ST ALBANS AVE SARASOTA FL 34242	5177 ST ALBANS AVE SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5010 Lemon Bay dr.	5010 Lemon Bay dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice FL.	City & State: Venice FL
Zip: 34293 Country: SARASOTA	Zip: 34293 Country: SARASOTA

4. FEI Number 65-0889784 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARSHALL, KEVIN
5177 ST ALBANS AVE
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name: Kevin Marshall
Street Address (P.O. Box Number is Not Acceptable): 5010 Lemon Bay dr.
City: Venice FL 34293
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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARSHALL, KEVIN 5177 ST ALBANS AVE. SARASOTA FL 34242	☐ Delete	P Kevin Marshall 5010 Lemon Bay Venice FL 34293	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARSHALL, JESSE F 3177 ST. ALDANE AVE SARASOTA FL 34242	☐ Delete	VP Jesse Marshall 5010 Lemon Bay dr. Venice FL 34293	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: _____ 4/8/02 (941) 408-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #