

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90020 009 \*\*\*150.00

**DOCUMENT # V32049**

1. Entity Name

**KAYE MARSHALL, LICENSED REAL ESTATE BROKER, INC.**

Principal Place of Business

Mailing Address

~~726 BROADWAY COURT~~  
NEW PORT RICHEY FL 34655  
US**1725 WINSLOE DRIVE**P.O. BOX 1427  
ELFERS FL 34680-1427  
US

J I U S S E



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1725 WINSLOE DRIVE****SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**New Port Richey FL**

4. FEI Number

**59-3119602**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34655**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARSHALL, KAYE**  
**9610 MIDIRON COURT**  
**NEW PORT RICHEY FL 34655**

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.

SIGNATURE

*Kaye Marshall*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-24-2000**

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, 2000 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 **P** ☐ Delete  
NAME **MARSHALL, SANDRA K**  
STREET ADDRESS **9610 MIDIRON COURT**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**TITLE ☐ Change ☐ Additor  
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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:

*Kaye Marshall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*January 24, 2000*