

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**  
 01-29-2001 90133 029 \*\*\*150.00

**DOCUMENT # V32049**

1. Entity Name  
**KAYE MARSHALL, LICENSED REAL ESTATE BROKER, INC.**

Principal Place of Business

~~1795 WINDLOE DR~~  
**NEW PORT RICHEY FL 34655**  
 US

Mailing Address

**P.O. BOX 1427**  
**ELFERS FL 34680**  
 US

2. Principal Place of Business

**2043 LARCHWOOD CT.**

Suite, Apt. #, etc.

**New Port Richey, FL.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number **59-3119602**

Applied For

Not Applicable

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)

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

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 ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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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

*January 20, 2001 (727) 375-0689*  
 DATE Daytime Phone #

CR2E034 (10/00)