2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048552

1. Entity Name

MARQUISE CONSTRUCTION, INC.

Principal Place of 2190 ARBOUR WALI #2216 NAPLES FL 34109		Mailing Address 2190 ARBOUR WALK CIRCLE #2216 NAPLES FL 34109						
2. Principal Place	of Business	3. Mailing Address						
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip Country						
	5. Name and Address of Cu	irrent Registered Agent						
<u>, </u>		÷	- Name					

FILED Apr 23, 2001 8:00 am Secretary of State 04-23-2001 90186 050 ***150.00

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2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT W	RITE IN TH	IS SPACE			
City & State		City & State		4.	FEI Number	59-34073	317		oplied For ot Applicable			
Zip		Country	Zip Cour		ntry	5.	Certificate of	f Status Desired	d \square	\$8.75 Add	ditional ed	
6. Name and Address of Current Registered Agent						7.	Name and A	ddress of Nev	v Registere	d Agent		
STEVINS, RICHARD 2190 ARBOUR WALK CIRCLE #2216			Name									
				Street Address (P.O. Box Number is Not Acceptable)								
NAPLES FL 34109				,	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.												
• The above named drinky administrate this statement for the purpose of ortalinging he registered of the ortalist of both, in the state of the order.												
SIGNATURE .												
oraro (ronz.	Signature, typed or	printed name of registered agent and	title if applicable. (NOTE	: Registere	ed Agent signatu	re required when	reinstating)		DATI			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After MAY 1, 2001 Make Check Payable to			01 Fee	will be \$5	50.00	l l	tion Campaign t Fund Contribu			May Be to Fees		
11. OFFICERS AND DIRECTORS 12			12.	******	A	DDITIONS/C	HANGES TO C	FFICERS A	ND DIRECTOR	S IN 11		
TITLE	VTD		☐ Delete	TITL	E					Change	☐ Addition	
NAME	STEVINS, R		40	NAM	-						:	
STREET ADDRESS		UR WALK CIRCLE #22	16		EET ADDRESS '-ST-ZIP							
CITY-ST-ZIP	NAPLES FL VD	34109			·					☐ Change	Addition	
TITLE NAME		FNNIFFR	☐ Delete	TITL NAM						- Cliange	C Addition	
STREET ADDRESS					EET ADDRESS						}	
CITY-ST-ZIP	NAPLES FL 34109		CITY	'-ST-ZIP								
TITLE	PSD	* *	Delete	TITL	E .	_				☐ Change	☐ Addition	
NAME	STEVINS, V		4.6	NAM								
STREET ADDRESS		UR WALK CIRCLE #22	16		EET ADDRESS '-ST-ZIP							
CITY-ST-ZIP	NAPLES FL	34109		TITL				·		Change	Addition	
TITLE NAME	STEVINS, S	AMANTHA	☐ Delete	NAM	_					C Change		
		UR WALK CIRCLE #22	16	STRI	EET ADDRESS						1	
CITY-ST-ZIP	NAPLES FL	34109		CITY	'-ST-ZIP							
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STREET ADDRESS					EET ADDRESS						}	
CITY-ST-ZIP				CITY	-ST-ZIP						•	
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Indicated on this report or supplied with this riling does not quarity 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR