FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91516 003 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000048552

1. Entity Name
MARQUISE CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

89621

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2. Principal Place of Business	3. Mailing Address
1841 MORNING SUN LN.	1841 MORNING SUN LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34119 Country	Zip: 34119 Country

4. FEI Number 59-3407317 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: RICHARD STEVINS

Street Address (P.O. Box Number is Not Acceptable): 1841 MORNING SUN LN.

City: NAPLES FL Zip Code: 34119

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 _____
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) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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

TITLE	VTD
NAME	RICHARD STEVINS
STREET ADDRESS	1841 MORNING SUN LN.
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	VD
NAME	JENNIFER STEVINS
STREET ADDRESS	1862 MORNING SUN LN.
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	PSD
NAME	VICKI STEVINS
STREET ADDRESS	1841 MORNING SUN LN.
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	VD
NAME	SAMANTHA STEVINS
STREET ADDRESS	1862 MORNING SUN LN.
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Stevins 4/15/02 (941)593-9773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #