## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Jan 10, 2002 8:00 am Secretary of State **DOCUMENT #** P99000053176 1. Entity Name 01-10-2002 90011 032 \*\*\*150.00 MARQUEE CONSTRUCTION, INC. Principal Place of Business Mailing Address 6033 SANCTUĀRY GARDEN BLVD 6033 SANCTUARY GARDEN BLVD PORT ORANGE FL 32124 PORT ORANGE FL 32124 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3583082 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUPP, KENNETH Street Address (P.O. Box Number is Not Acceptable) 6033 SANCTUARY GARDEN BLVD PORT ORANGE FL 32124 City 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. ŗ. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) TITLE Delete TITLE ☐ Change ☐ Addition NAME RUPP, KENNETH NAME 6033 SANCTUARY GARDEN BLVD STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32124 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Delete ☐ Addition

NAME

TITLE

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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 trudles 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.

☐ Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

Rupe, REFERENT 1-6-02

☐ Addition

☐ Change

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP