

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90095 047 ***150.00

DOCUMENT # 493602

1. Entity Name

MARQUIS VENTURES, INC.

Principal Place of Business

3230 ELMIRA AVE
 LOT A-13
 ARIPEKA FL 34679
 US

Mailing Address

PO BOX 604
 ARIPEKA FL 34609-9347
 US

CU0003134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1057 Rudolph CT

3. Mailing Address

1057 Rudolph CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Spring Hill FL

4. FEI Number

59-1638237

Applied For

Not Applicable

Zip

34609

Country

USA

Zip

34609

Country

USA

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

VALENTI, JIM
100 LAURA ST
JACKSONVILLE, FL
32201

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

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTS
MARQUIS, WILLIAM H
PO BOX 604
ARIPEKA FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
1057 Rudolph CT
Spring Hill, FL 34609

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP
MARQUIS, MARIEKE
PO BOX 604
ARIPEKA FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
1057 Rudolph CT
Spring Hill, FL 34609

TITLE
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 CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ Addition

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: **William H. Marquis** **4/9/00** **(52) 684-1603**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #