2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 596219** May 08, 2000 8:00 am Secretary of State 1. Entity Name MARQUETTE LUMBER COMPANY, INCORPORATED 05-08-2000 90115 029 ***150.00 Principal Place of Business Mailing Address 3201 CARDINAL DR. 3201 CARDINAL DR. PO BOX 3040 PO BOX 3040 VERO BEACH FL 32963-1922 VERO BEACH FL 32964 2. Principal Place of Business 3. Mailing Address 0. BOX 3.040 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Vero Beach, City & State Applied For 4. FEI Number 35-0491410 FLNot Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32964<u>-3040</u> US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEWART, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 3355 OCEAN DRIVE VERO BEACH FL 32960 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. SIGNATURE DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE TITLE ☐ Delete DOWNEY, DANIEL G. (JR) NAME NAME 1325 LITTLE HARBOUR LANE STREET ADORESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE DOWNEY, FREDERICK F. NAME NAME 99 W. MAIN ST. STREET ADDRESS STREET ADDRESS NORWALK: OH -CitY=ST=7IP -CITY ST ZIP VSD ☐ Delete TITLE ☐ Change ☐ Addition TITLE DOWNEY, GREGOR S. NAME NAME 990 PAINTED BUNTING LANE STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 <u>561-231-5252</u>

Day