

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 849830
1. Entity Name
MARQUET SERVICES, INC

FILED
02 MAY -1 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7201 STATE ROUTE 168		3. Mailing Address p.o. box 2023	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State CATLETTSBURG, KY 41129		City & State ASHLAND, KY 41105-0767	
Zip	Country	Zip	Country

4. Fed Number **61-0860773** Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MORRIS L. GRIFFITHS**

Street Address (P.O. Box Number Is Not Acceptable)
6996 NOVA ROAD

City **ST. CLOUD, FL** Zip Code **32769**

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 UBR filer name. (UBR filer name is required when registered agent is not the filer.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 31 Fee is \$150.00
After May 1, Fee is \$150.00
Attended UBR is \$67.25
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			
III NAME S R I ADDRESS CITY-ST-ZIP	P MORRIS L. GRIFFITHS 1931 GREEN SPRINGER RD. ASHLAND, KY 41102	III NAME S R I ADDRESS CITY-ST-ZIP	III NAME S R I ADDRESS CITY-ST-ZIP
III NAME S R I ADDRESS CITY-ST-ZIP	AT ELIZABETH HALL 1915 WILSHIRE BLVD ASHLAND, KY 41101	III NAME S R I ADDRESS CITY-ST-ZIP	III NAME S R I ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for non-exemption status in Section 119.07(3)(b), 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 authorized 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 filers present.

SIGNATURE: President 4/23/02 (000)739-5139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E(09)B (12/01)