

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # F94000002165

1. Entity Name
MARQUIS INDUSTRIES, INC.

Principal Place of Business P.O. BOX 1308, HIGHWAY 76 CHATSWORTH GA 30705	Mailing Address P.O. BOX 1308, HIGHWAY 76 CHATSWORTH GA 30705
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
---	---

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 58-1888483	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEILSON MICHAEL J
 6767 PHILLIPS INDUSTRIAL BOULEVARD

 JACKSONVILLE FL
 32256 US

7. Name and Address of New Registered Agent

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 _____ DATE **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	S	<input type="checkbox"/> Delete
NAME	CURRY AL	
STREET ADDRESS	9409 MAGICAL VIEW	
CITY-ST-ZIP	CHATTANOOGA TN	
TITLE	PC	<input type="checkbox"/> Delete
NAME	BAILEY TIMOTHY A	
STREET ADDRESS	P.O. BOX 1308, HWY 76	
CITY-ST-ZIP	CHATSWORTH GA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HECKMAN LARRY	
STREET ADDRESS	1211 PERCHERON DR	
CITY-ST-ZIP	DALTON GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY AL	
STREET ADDRESS	9409 MAGICAL VIEW	
CITY-ST-ZIP	CHATTANOOGA TN 37421	
TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY TIMOTHY A	
STREET ADDRESS	P.O. BOX 1308, HWY 76	
CITY-ST-ZIP	CHATSWORTH GA 30705	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECKMAN LARRY	
STREET ADDRESS	2205 DACUS DR.	
CITY-ST-ZIP	DALTON GA 30720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: TIMOTHY A. BAILEY **PC** **04/30/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)