

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90123 036 ***150.00

0650192 AT

DOCUMENT # F98000004444

1. Entity Name
MARQUEST FINANCIAL INC.



Principal Place of Business
**6100 GREEN VALLEY DRIVE #170
BLOOMINGTON MN 55438**

Mailing Address
**6100 GREEN VALLEY DRIVE #170
BLOOMINGTON MN 55438**

2. Principal Place of Business
3800 W. 80TH STREET90

3. Mailing Address
3800 W. 80TH STREET90

Suite, Apt. #, etc.

SUITE 190

Suite, Apt. #, etc.

SUITE 190

City & State

BLOOMINGTON, MN

City & State

BLOOMINGTON, MN

Zip

55431

Country

US

Zip

55431

Country

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **41-1787147**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DUNLAP, ELIZABETH A
15302 HIDDEN ARBOR COURT
ODESSA FL 33556**

7. Name and Address of New Registered Agent

Name
JOE GRACA

Street Address (P.O. Box Number is Not Acceptable)
1045 TARPIN COVE DRIVE # 102

City
NAPLES

FL

Zip Code

34110

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GRACA, EDWARD M**
STREET ADDRESS **8208 NORMAN CREEK TRAIL**
CITY-ST-ZIP **BLOOMINGTON MN 55437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **GRACA, EDWARD M**
STREET ADDRESS **3394 GLYNWATER TRAIL NW**
CITY-ST-ZIP **PRIOR LAKE, MN 55372**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF EDWARD M. GRACA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-03

Date

Daytime Phone #

CR2E034 (10/02)