2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # K30719 Mar 15, 2000 8:00 am 1. Entity Name **Secretary of State** MARQUIS CONSTRUCTION & DEVELOPMENT, INC. 03-15-2000 90132 016 ***158.75 Principal Place of Business Mailing Address 1056 CONCORD DRIVE W. 1056 CONCORD DRIVE W. **DUNEDIN FL 34698 DUNEDIN FL 34698-6309** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3257798 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAVALA, CHRIS M. Street Address (P.O. Box Number is Not Acceptable) 1056 CONCORD DRIVE W. **DUNEDIN FL 34698** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. PC TITLE ☐ Addition TITLE ☐ Delete NAME KAVALA, CHRIS M. NAME STREET ADDRESS STREET ADDRESS 1056 CONCORD DRIVE W. CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** /TUBAS. SECRETARY Addition Change TITLE ☐ Delete TITLE LILLIUMAN KAVALA NAME KAVALA, LILLIAM M NAME 1056 CONCOLD DE W. STREET ADDRESS STREET ADDRESS 1056 CONCORD DRIVE W. CITY-ST-ZIP CITY-ST-ZIP DUNGDIN, PI_ **DUNEDIN FL 34698** Addition ___ Delete Change TITLE SHAWN F. WIDERMAN NAME NAME 1056 CONCORD DRIVE W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUNEOIN, FL. 34698 CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supply d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supple nental of the corporation or the receive changed, or on an attachment or trus

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