¹ 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000095554

MARQUIS ASSOCIATES GROUP, INC.

Principal Place of Business 6474 SAN JUAN AVENUE JACKSONVILLE FL 32210

Mailing Address

6474 SAN JUAN AVENUE JACKSONVILLE FL 32210 Apr 28, 2001 8:00 am Secretary of State

04-28-2001 90050 045 ***150.00



Same and Address of Current Registered Agent Same and Address of New Registered Agent Same and Address of New Registered Agent Same and Address of New Registered Agent Same Street Address (P.O. Box Number is Not Acceptable)	/) } [
City & State Country Country Country 5. Certificate of Status Desired \$8.75 Addition Fee Required 6. Name and Address of Current Registered Agent To Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FL Zip Code 7. 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. 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. 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. 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. 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. 8. This corporation is elligible to satisfy its Intangible Take flowers (See criteria on back) 10. Election Campaign Financing State of State Name and Address of New Registered Agent After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS IN Make State Name and Address of New Registered Agent 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Make Check Payable to Department of State 13. Certification Campaign Financing State of North Added to Form the Address of North Address State Name and Address of New Registered Agent 14. File Now III In Make State North Address (P.O. Box Number is Not Acceptable) 15. Cety State Address (P.O. Box Number is Not Acceptable) 16. Election C			
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 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. 8. ICH above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. ICH above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. ICH above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. ICH above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. ICH above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. ICH above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. ICH above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. ICH above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. ICH above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. ICH above named entity submits this statement is not acceptable. 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. INTERPORTED ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	l For plicable		
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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 totle if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE			
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			
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reflect centry that the information supplied with this mining does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Fidther 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 eath; 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.