## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** Entity Name

<sup>(</sup>SIGNATURE

P01000106928

Tr Charty Name		
MARQUIS	CONSTRUCTION	<b>COMPANY</b>

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



May 21, 2003 8:00 am Secretary of State

05-21-2003 90081 028 \*\*\*150.00

DATE

IMANGOIS CONSTRUCTION COMPANY						
Principal Place of Business 2632 HOLLYWOOD BLVD SUITE # 308 HOLLYWOOD FL 33020		Mailing Address 2632 HOLLYWOOD SUITE 308 HOLLYWOOD FL 3			☐ CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business 3. Mail		3. Mailing Address	:			
Suite, Apt. #, etc.		Suite, Apt. #, etc	<u> </u>	CHECK HERE IF MAK		
City & State		City & State		4. FEI Number CE 11E01E0	4. FEI Number 65-1150158 Applied For Not Applicable	
				00-1100106		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	Name and Address of Co	ırrent Registered Agent		7Name and Address of New Registe	red Agent	
OCE REDTRA	M D		Name	•		

Street Address (P.O. Box Number is Not Acceptable) 2632 HOLLYWOOD BLVD **STE 308** HOLLYWOOD FL 33020 Zip Code City 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.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** TITLE TITLE ☐ Change Addition ☐ Delete OCE, BERTRAM P NAME NAME STREET ADDRESS 2632 HOLLYWOOD BLVD STE 308 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 ment with anyaddress, with all other like empowered changed, or on an atta

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

□ Change

☐ Addition