

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90371 003 ***150.00

0901560 AT

DOCUMENT # P95000024577

1. Entity Name
KING MARQUIS REALTY INC.

Principal Place of Business
**7211 BEACON WOODS DR
BAYONET POINT FL 34667
US**

Mailing Address
**7211 BEACON WOODS DR
BAYONET POINT FL 34667
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8512 WAGON WHEEL LN.

3. Mailing Address
P.O. BOX 7117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BAYONET POINT, FL

City & State
HUDSON, FL

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

Zip
34667

Country
U.S.A.

Zip
34674

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**WEYLIE, WALLACE J. D
350 GULF BLVD
INDIAN ROCKS BEACH FL 34635**

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

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, 2002 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 **P** ☐ Delete
NAME **KENNEDY, EILEEN A**
STREET ADDRESS **7211 BEACON WOODS DR**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **KENNEDY, EILEEN A.**
STREET ADDRESS **8512 WAGON WHEEL LN.**
CITY-ST-ZIP **BAYONET POINT, FL 34667**

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

TITLE ☐ Change ☐ Addition
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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: EILEEN A. KENNEDY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 (727) 863-0686
Date Daytime Phone #

CR2E034 (9/01)