

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

~~Amended 2003~~

DOCUMENT # P95000088870

1. Entity Name
MARQUEZ NURSERIES, INC.

FILED

03 MAR 11 PM 2:16

STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7177 Hypoluxo Farm

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

4. FEI Number

65-0632549

Applied For

Not Applicable

Zip

33463

Country

Prism

Zip

Country

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

DO NOT WRITE IN THIS SPACE

DO NOT WRITE
IN THIS SPACE

6. Name and Address of Current Registered Agent

Name

ROBERT MARQUEZ

Street Address (P.O. Box Number is Not Acceptable)

7177 Hypoluxo Farm
Lake Worth FL 33463

City

LAKE WORTH FL

FL

Zip Code

33463

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	President ROBERT MARQUEZ 7177 HYPOLUXO FARM LAKE WORTH FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ROBERT MARQUEZ 7177 HYPOLUXO FARM LAKE WORTH FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KIRSTEN MARQUEZ 7177 HYPOLUXO ROAD LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ROBERT MARQUEZ 7177 HYPOLUXO FARM LAKE WORTH FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ROBERT MARQUEZ 7177 HYPOLUXO FARM LAKE WORTH FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like entities covered.

SIGNATURE:

ROBERT MARQUEZ PRESIDENT

Date

Daytime Phone #

2-24-03