

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073043

1. Entity Name

MARQUEZ LUMBER, INC.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90077 039 \*\*\*150.00

Principal Place of Business

Mailing Address

1164 N HWY 17  
PALATKA FL 32177  
US

PO BOX 730  
BOSTWICK FL 32007-0730  
US

UUU19517



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2415856**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STIDHAM, DANNY  
1864 SOUTH HWY. 17  
POMONA PARK FL 32181

Name

Anderson, David

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

390 Maranda Drive

City

Green Cove Springs

FL

Zip Code

32043

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

1/24/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS ANDERSON, DAVID  
CITY-ST-ZIP 4016 DIANE DR.  
WAYCROSS GA 31503

TITLE ☒ Change ☐ Addition  
NAME P Anderson David  
STREET ADDRESS 390 Maranda Drive  
CITY-ST-ZIP Green Cove Springs, Fl. 32043

TITLE ☐ Delete  
NAME T MARQUEZ, ELCO  
STREET ADDRESS 1164 N. HIGHWAY 17  
CITY-ST-ZIP BESTWICK FL 32177

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

TITLE ☒ Delete  
NAME P STIDHEM, DANNY  
STREET ADDRESS 1864 SOUTH HWY. 17  
CITY-ST-ZIP POMONA PARK FL 32181

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

TITLE ☐ Delete  
NAME S ANDERSON, KATHERINE  
STREET ADDRESS 390 MARANDA DR  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

KATHERINE S. ANDERSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 25, 2000 904-328-9400  
Date Daytime Phone #