

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90037 043 ***150.00

0664708 AV

DOCUMENT # P98000017358

1. Entity Name

MARQUETTE INSPECTION SERVICE, INC.



Principal Place of Business

**622 WHITFIELD AVE.
SARASOTA FL 34243**

Mailing Address

**622 WHITFIELD AVE.
SARASOTA FL 34243**

2. Principal Place of Business

630 Magellan Dr.

3. Mailing Address

630 Magellan Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota, FL

Zip

34243

Country

USA

Zip

34243

Country

USA

4. FEI Number

65-0817782

Applied For

Not Applicable

5. Certificate of Status Desired ☒ S

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARQUETTE, CRAIG
622 WHITFIELD AVE.
SARASOTA FL 34243**

7. Name and Address of New Registered Agent

Name

Marquette Craig

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

630 Magellan Dr.

City

Sarasota

FL

Zip Code

34243

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]

3-31-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **P** ☐ Delete
NAME **MARQUETTE, CRAIG**
STREET ADDRESS **622 WHITFIELD AVE**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **S** ☐ Delete
NAME **MARQUETTE, LYNN**
STREET ADDRESS **622 WHITFIELD AVE**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Marquette, Craig**
STREET ADDRESS **630 Magellan Dr.**
CITY-ST-ZIP **Sarasota, FL 34243**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Marquette, Lynn**
STREET ADDRESS **630 Magellan Drive**
CITY-ST-ZIP **Sarasota, FL 34243**

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

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

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

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **MARQUETTE, CRAIG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

Date

941-358-1901

Daytime Phone #

CP2E034 (10/02)