

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90103 035 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000045967**

1. Entity Name  
**MARQUESA PROPERTIES, INC.**

Principal Place of Business  
**511 W NORTH BAY STREET  
TAMPA FL 33603**

Mailing Address  
**511 W NORTH BAY STREET  
TAMPA FL 33603**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**33511 BRISK DR.**  
Suite, Apt. #, etc.

City & State  
**Zephyrhills FL**

Zip  
**33543**

Country  
**USA**

4. FEI Number **59-3511864**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LINDER, MICHAEL**  
**511 W NORTH BAY STREET**  
**TAMPA FL 33603**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LINDER, MICHAEL</b>	
STREET ADDRESS	<b>511 W NORTH BAY STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33603</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BOGER, BRAD</b>	
STREET ADDRESS	<b>8923 PROMISE DR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33603</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>33511 BRISK DR.</b>	
CITY-ST-ZIP	<b>Zephyrhills FL 33543</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2919 RAINFOREST PLACE</b>	
CITY-ST-ZIP	<b>LAND O' LAKES, FL 34639</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_** **SIGNATURE REQUIRED** **9/03/02 813-376-0455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)