

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90085 019 ***150.00

DOCUMENT # P99000056764

1. Entity Name
MARQUIS PAINTING, INC.

Principal Place of Business 3700 9TH AVE N. APT. E-36 ST PETE FL 33713	Mailing Address 3700 9TH AVE N. APT. E-36 ST PETE FL 33713
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16414 Bonnevile Dr. Suite, Apt. #, etc.	3. Mailing Address 16414 Bonnevile Dr. Suite, Apt. #, etc.
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City & State TAMPA, FL.	City & State TAMPA, FL.
Zip 33624	Zip 33624
Country Hills.	Country Hills.

4. FEI Number 65-0929824	Applied For <input type="checkbox"/> Not Applicable
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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

SHARP, PAMELA
3700 9TH AVE N, APT E-36
ST PETE FL 33713

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete P SHARP, PAMELA D 3700 9TH AVE N. SAINT PETERSBURG FL 33713		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Pamela D Sharp* **4 28-01** **727-463-0928**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)