

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90446 005 ***150.00

DOCUMENT # P99000111455

1. Entity Name

MARQUIS PAINTING SERVICES, INC.

Principal Place of Business

Mailing Address

~~22053 PALMS WAY #201~~
~~BOCA RATON FL 33433~~

~~22053 PALMS WAY #201~~
~~BOCA RATON FL 33433~~

00049146

2. Principal Place of Business

3. Mailing Address

499 SW 8th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON FL

BOCA RATON FL

Zip

Country

Zip

Country

33486

33486

4. FEI Number **65-0974128**

Applied For

Not Applicable

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

MARQUIS, DAVID D

~~22053 PALMS WAY #201~~
~~BOCA RATON FL 33433~~

Dept of State

Name

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

499 SW 8th Terrace

City

FL

Zip Code

BOCA RATON

33486

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

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

TITLE **PTSD** ☐ Delete
 NAME **MARQUIS, DAVID D**
 STREET ADDRESS ~~22053 PALMS WAY #201~~
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☒ Change ☐ Addition
 NAME **499 SW 8th Terrace**
 STREET ADDRESS **BOCA RATON FL 33486**
 CITY-ST-ZIP **33486**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date

Daytime Phone #

David D. Marquis

3-18-01 3949667

CR2E034 (10/00)