

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90078 025 ***150.00

DOCUMENT # P99000111455

1. Entity Name
MARQUIS PAINTING SERVICES, INC.



Principal Place of Business

~~499 SOUTHWEST 8TH TERRACE~~
~~BOCA RATON FL 33486~~

Mailing Address

~~499 SOUTHWEST 8TH TERRACE~~
~~BOCA RATON FL 33486~~

NEW ADDRESS =

2. Principal Place of Business

630 WEST ROYAL PALM RD
Suite, Apt. #, etc.

3. Mailing Address

630 WEST ROYAL PALM ROAD
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

BOCA RATON FL
Zip *33486* Country

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BOCA RATON FL
Zip *33486* Country

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

MARQUIS, DAVID D

~~499 SOUTHWEST 8TH TERRACE~~ *630 WEST ROYAL PALM ROAD*
~~BOCA RATON FL 33486~~ *BOCA RATON FL 33486*

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

☒ 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

David D. Marquis **DAVID D. MARQUIS**

1-10-02

Signature, typed or printed name of registered agent and file 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	PTSD <input type="checkbox"/> Delete
NAME	MARQUIS, DAVID D
STREET ADDRESS	499 SOUTHWEST 8TH TERRACE
CITY-ST-ZIP	BOCA RATON FL 33486
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

David D. Marquis **DAVID D. MARQUIS** *1-10-02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)