

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90017 003 \*\*\*150.00

0076430

**DOCUMENT # F94000001621**

1. Entity Name

**QUANTUM FINANCIAL GROUP, INC. OF DELAWARE**

Principal Place of Business 1901 S HARBOR CITY BLVD SUITE 600 MELBOURNE FL 32901 US	Mailing Address 1901 S HARBOR CITY BLVD SUITE 600 MELBOURNE FL 32901 US
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027848



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1133 Fourth St.	3. Mailing Address 1133 Fourth St.
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Suite, Apt. #, etc. Suite 307	Suite, Apt. #, etc. Suite 307
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City & State Sarasota, FL	City & State Sarasota, FL
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4. FEI Number 59-3219865	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 34236	Country USA	Zip 34236	Country USA
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SWANSON, DAVID A  
 1716 MALABAR LAKES DRIVE, N.E.  
 PALM BAY FL 32905

**7. Name and Address of New Registered Agent**

Name: *David A. Swanson*  
 Street Address (P. O. Box Number is Not Acceptable): *4342 Winners Cir. #2913*  
 City: *Sarasota* FL Zip Code: *34238*

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]* DATE: *4/10/01*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWANSON, DAVID A 970 FALLS TRAIL MALABAR FL 32950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>David A. Swanson</i> <i>4342 Winners Cir. #2913</i> <i>Sarasota, FL 34238</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: *4/10/01* DAYTIME PHONE #: *(941) 366-1143*

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

CR2E034 (10/00)