

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90103 028 \*\*\*150.00

**DOCUMENT # L45330**

1. Entity Name  
**QUAIL SOUTH, INC.**

Principal Place of Business <b>10861 QUAIL COVEY BOYNTON BEACH FL 33436</b>	Mailing Address <b>10760 TAMARISK TRAIL BOYNTON BEACH FL 33436-5021</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>10760 TAMARISK TRAIL</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>BOYNTON BEACH, FL</b>	City & State	4. FEI Number <b>65-0169480</b>	Applied For Not Applicable
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Zip <b>33436</b>	Country <b>USA</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SUSSEN, JOSEPH J., JR 10861 QUAIL COVEY ROAD BOYNTON BEACH FL 33435</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10760 TAMARISK TRAIL</b> City <b>BOYNTON BEACH</b> <b>FL</b> Zip Code <b>33436</b>	
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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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>SUSSEN, JOSEPH J JR. 10861 QUAIL COVEY BOYNTON BEACH FL</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>10760 TAMARISK TRAIL BOYNTON BEACH, FL 33436</b>
TITLE <b>ST</b>	<input type="checkbox"/> Delete <b>SUSSEN, MARY B 10861 QUAIL COVEY BOYNTON BEACH FL</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>10760 TAMARISK TRAIL BOYNTON BEACH, FL 33436</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<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 my address, with all power hereby empowered.

SIGNATURE: Joseph J. Sussen Jr  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00  
 Date

561-734-8693  
 Daytime Phone #

CR2E034 (9/99)