

FILED
Jan 22, 2000 8:00 am
Secretary of State
01-22-2000 90034 010 ***150.00

1. Entity Name
QUINTEN & ASSOCIATES, INC.

3764 NORTHEAST 70TH AVE
SILVER SPRINGS FL 34488
US

3764 NORTHEAST 70TH AVE
SILVER SPRINGS FL 34488-2132
US

A0009841



DO NOT WRITE IN THIS SPACE

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3025107**

Applied For
Not Applicable

Zip	Country	Zip	Country
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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

TAYLOR, WILLIAM, I
3764 NORTHEAST 70TH AVE
SILVER SPRINGS FL 34488

Name _____

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

City

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 [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, 2000 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
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TITLE	PTD	☐ Delete
NAME	TAYLOR, WILLIAM I.	
STREET ADDRESS	3764 NE 70TH AVENUE	
CITY-ST-ZIP	SILVER SPRINGS FL	

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VSD	☐ Delete
NAME	TAYLOR, STELLA M.	
STREET ADDRESS	3764 NE 70TH AVENUE	
CITY-ST-ZIP	SILVER SPRINGS FL	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #