

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90056 032 ***150.00

DOCUMENT # P93000087628

1. Entity Name
QUICK'S SHELVING, INC.

Principal Place of Business 193 STAHLMAN AVENUE #78 DESTIN FL 32541	Mailing Address PO BOX 1116 DESTIN FL 32540-1116
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>193 Stahlman Ave.</i>	3. Mailing Address <i>P.O. Box 1116</i>
--	--

Suite, Apt. #, etc. #78	Suite, Apt. #, etc.
-----------------------------------	---------------------

City & State <i>Destin, FL</i>	City & State <i>Destin, FL</i>
-----------------------------------	-----------------------------------

4. FEI Number 59-3216347	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip <i>32541</i>	Country <i>Oklaoma</i>	Zip <i>32540</i>	Country <i>Oklaoma</i>
---------------------	---------------------------	---------------------	---------------------------

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

**QUICK, OTHO K
 193 STAHLMAN AVENUE #78
 DESTIN FL 32541**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signatures 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUICK, OTHO K 193 STAHLMAN AVENUE #78 DESTIN FL 32541	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUICK, KAREN R 193 STAHLMAN AVENUE #78 DESTIN FL 32541	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *OTHO KURT QUICK* **3/31/00** **850 585-4987**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CRZE034 (9/99)