

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079070

1. Entity Name

QUINCY B.C., INC.

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90177 035 \*\*\*150.00

Principal Place of Business

Mailing Address

2090 S NOVA ROAD  
AA-19  
S. DAYTONA FL 32119  
US

939 CARSWELL AVE  
HOLLY HILL FL 32117-3515



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2090 S. NOVA ROAD

2090 S. NOVA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

AA-21

AA-21

City & State

City & State

S. DAYTONA, FL

S. DAYTONA, FL

Zip

Zip

32119

32119

Country

Country

FLORIDA

FLORIDA

4. FEI Number

59-3532941

Applied For

Not Applicable

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

KUKES, BARRY T  
939 CARSWELL AVE  
HOLLY HILL FL 32117

Name KUKES, BARRY T.

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

2090 S. NOVA RD. SUITE AA-21

City S. DAYTONA

FL

Zip Code 32119

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, 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: ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KUKES, BARRY T	
STREET ADDRESS	939 CARSWELL AVE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUKES, CYNTHIA L	
STREET ADDRESS	939 CARSWELL AVE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUKES, BARRY T.	
STREET ADDRESS	2090 S. NOVA RD, SUITE AA-21	
CITY-ST-ZIP	S. DAYTONA, FL 32119	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUKES, CYNTHIA L.	
STREET ADDRESS	2090 S. NOVA, SUITE AA-21	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 #

CR2E034 (9/99)