2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2000 8:00 am Secretary of State DOCUMENT # **P99000058276** WAYNE QUICK ENTERPRISES, INCORPORATED 04-05-2000 90057 005 ***150.00 Principal Place of Business Mailing Address CRAWFORDVILLE ROAD C/O WAYNE QUICK TALLAHASSEE FL 32311 7492 SKIPPER LANE 000346 TALLAHASSEE FL 32311-4528 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUICK, JOSEPH WAYNE Street Address (P.O. Box Number is Not Acceptable) 7492 SKIPPER LANE TALLAHASSEE FL 32311 City Zip Code F١ 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT CR2E034 (9/99 TITLE ☐ Delete TITLE ☐ Change ☐ Addition loseph wayne Quick NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOULDNOSSEC 71. 32311 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

or trustee empowere

of the corporation or the rece

changed, or on an attach

SIGNATURE:

A accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 11 or Block 12 if other like empowered.

Quick PRESIDENT 3/29/00

850-878-8356