

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 14, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # S89126**1. Entity Name  
**QUINTESSENCE ENTERPRISES, INC.**

Principal Place of Business 1232 CR 1  DUNEDIN FL 34698	Mailing Address 1232 CR 1  DUNEDIN FL 34698
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3089791**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****ST ARNOLD & STEARNS**  
1370 PINEHURST RDDUNEDIN FL  
34698**7. Name and Address of New Registered Agent**

Name

**ST ARNOLD & STEARNS**Street Address (P.O. Box Number is Not Acceptable)  
**1370 PINEHURST RD**City  
DUNEDIN

FL

Zip Code  
34698

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 **ST ARNOLD & STEARNS****08/14/2001**

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, 2001 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	DS	<input checked="" type="checkbox"/> Delete
NAME	LEONARDO DORIS	
STREET ADDRESS	2468 A LAURELWOOD DR	
CITY-ST-ZIP	CLEARWATER FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> Delete
NAME	LEONARDO, CAROLYN	
STREET ADDRESS	10 KENWARE AVE	
CITY-ST-ZIP	DELMAR NY 12054	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIARTY THOMAS	
STREET ADDRESS	2468 A LAURELWOOD DR	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEONARDO, MICHAEL	
STREET ADDRESS	2468 A LAURELWOOD DR	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARDO DORIS	
STREET ADDRESS	2468 A LAURELWOOD DR	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	LEONARDO, CLEMENT R	
STREET ADDRESS	11511 -113TH ST N. #10B	
CITY-ST-ZIP	LARGO FL 33778	

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARDO MICHAEL	
STREET ADDRESS	2468 A LAURELWOOD DRIVE	
CITY-ST-ZIP	CLEARWATER FL	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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)(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: MICHAEL LEONARDO**

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08/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)