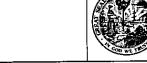
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

H84625 DOCUMENT

1. Entity Name **QUI VEND, INC.**



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90224 034 ***150.00

Principal Place of Business C/O JAMES L CHASE 101 E GOVERNMENT STREET PENSACOLA FL 32501		Mailing Address C/O JAMES L CHASE 101 E GOVERNMENT STREET PENSACOLA FL 32501			,			
2. Principal Place of Business		3. Mailing Address				T COVEN STATE CONT. STATE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State		City & Stale		4.	FEI Number 59-2602765 Applied For Not Applicable			
Zip	Country	Zip	Coun	Country		Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				_Name		The state of the s		
CHASE, JAMES L. 101 EAST GOVERNMENT STREET PENSACOLA FL 32501				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. I am familiar with, and accept the öbligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing S5.00 May Be Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS 11			11.		Al	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD CHASE, STREET ADDRESS 5016 LE	Sandra Ona St Fl 33629	☐ Delete				☐ Change ☐ Addition		
TITLE NAME		☐ Delete	TITL	-		☐ Change ☐ Addition		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (10/02)