FOR PROFIT CORPORATION

Mar 12, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 380 968 03-12-2003 90089 038 ***150.00 QUAD T RANCH Corporation DO NOT WRITE IN THIS SPACE 2. Principal Place of Business P.O. BOX 940931 2812 Norris Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State F1 32789 Maitland Winter 59-1323920 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32789 usA Fee Required 7. Name and Address of Current Registered Agent HAAST, N.J. MISS DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2812 Norris Av 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 obligations of registered agent **SIGNATURE** January 1 - May 1/Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE TITLE HAAST, W.E. III NAME NAME 873 FIRST ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32625 CITY-ST-7IP CEDAR KEY FI VP, 3T TITLE HAAST, N.J. MISS NAME NAME STREET ADDRESS 1812 NORRIS AV STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP® TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

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 on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

FILED

CR2E034B (12/02)