

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
 03-21-2001 90016 048 ***150.00

0307908

DOCUMENT # 559871

Entity Name
QUANTO OLIO, INC.

Principal Place of Business

**5845 OCEAN BLVD
 OCEAN RIDGE FL 33435**

Mailing Address

**5845 OCEAN BLVD
 OCEAN RIDGE FL 33435**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1805911**

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

**FULLE, M-K
 5042 SE BRANDYWINE WAY
 STUART FL 34997**

Name **NEIL VAN HOOGEN**

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

5845 N. OCEAN Blvd

City **OCEAN Ridge**

FL

Zip Code **33435**

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 

(NOTE: Registered Agent signature required when reinstating)

3-10-01
 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

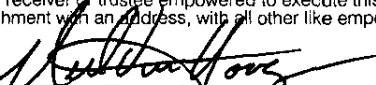
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN HOOGEN, NEIL 5845 OCEAN BLVD OCEAN RIDGE FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN HOOGEN, PAULA 5845 OCEAN BLVD OCEAN RIDGE FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FULLE, M K 5042 SE BRANDYWINE WAY STUART FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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:

 **NEIL VAN HOOGEN**

3-10-01

Date

Daytime Phone #

CR2E034 (10/00)