2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 13, 2000 8:00 am Secretary of State DOCUMENT # 693840 WILLIAM M. QUINTER, P.A. 03-13-2000 90065 037 ***150.00 Principal Place of Business Mailing Address 117 NORTH ORLANDO AVENUE 117 NORTH ORLANDO AVENUE ប្រាប្រាប្បទ COCOA BEACH FL 32931-2914 COCOA BEACH FL 32931-2914 2. Principal Place of Business 3. Mailing Address 620 CHASE HAMMOCK RD 620 CHASE HAMMOCK RD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2112349 MERRITT ISLAND, FL Not Applicable MERRITT ISLAND, FL. Country Zip 3295307912 \$8.75 Additional Country 32953-7912 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUINTER, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 620 CHAVE HAMMOCH RD MERRITT FL 32931 Zip Code City FL 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 DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 6171 ☐ Change Addition ☐ Delete TITLE QUINTER, WILLIAM M NAME NAME 117 N. ORLANDO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL TITLE ☐ Change ☐ Addition ☐ Delete 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 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME 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 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 the empowered

SIGNATURE AND TYPED OR PRINTED NAME OF