

2001 UNIFORM BUSINESS REPORT (UBR)

0008281 AF

DOCUMENT # A00000000184

1. Entity Name

QUANTUM CAPITAL PARTNERS IV, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -5 AM 10:44

Principal Place of Business

339 SOUTH PLANT AVENUE
TAMPA FL 33606

Mailing Address

339 SOUTH PLANT AVENUE
TAMPA FL 33606

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

59-362 4174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

SCHIFINO, WILLIAM J JR.

339 SOUTH PLANT AVENUE
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

N. JOHN SIMMONS, JR.

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

339 SOUTH PLANT AVENUE

City

TAMPA

FL

Zip Code

33606

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

N. John Simmons, Jr.

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/01

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P98000015470
NAME QUANTUM CAPITAL PARTNERS, INC.
STREET ADDRESS 339 SOUTH PLANT AVENUE
CITY-ST-ZIP TAMPA FL 33606

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

N. John Simmons, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/12/01

813-250-1999x220

DATE

Daytime Phone #

CR2E003 (11/00)