

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000452**

1. Entity Name

**QUINDAD, LIMITED**

Principal Place of Business

**9191 GARLAND ROAD, #427  
DALLAS TX 75218**

Mailing Address

**9191 GARLAND ROAD, #427  
DALLAS TX 75218**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002 ✓

**75-293270**

4. FEI Number

**APPLIED FOR**

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

**MCLAUGHLIN, DOROTHY ANNE  
8511 CEDAR COVE COURT  
ORLANDO FL 32819**

Name

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.

SIGNATURE

*Donald J. Duchesneau* for "no change"

**2/25/02**  
DATE

9. Capital Contributions as Shown on record.

**\$93,864.00**

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.**

**\$526.25**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DUCHESNEAU, DONALD  
9191 GARLAND ROAD, #427  
DALLAS TX 75218**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DUCHESNEAU, DOROTHY  
9191 GARLAND ROAD, #427  
DALLAS TX 75218**

STREET ADDRESS

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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:

**Donald J. Duchesneau**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/25/02 214-321-1276**

Date

Daytime Phone #

0017068 AT

CR2E003 (9/01)

APPROVED  
AND  
FILED

02 MAR 15 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE