

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90151 039 ***158.75

OPTIONAL AT

DOCUMENT # F06695

1. Entity Name
QUICKTEXT, INC.

Principal Place of Business

10 N AHWANNEE ROAD
LAKE FOREST IL 60045
US

Mailing Address

10 N AHWANNEE ROAD
LAKE FOREST IL 60045
US

2. Principal Place of Business

19040 SKYLINE BLVD

Suite, Apt. #, etc.

3. Mailing Address

19040 SKYLINE BLVD

Suite, Apt. #, etc.

City & State

LOS GATOS CA

Zip
95033

Country
USA

City & State

LOS GATOS CA

Zip
95033

Country
USA

4. FEI Number

59-2057241

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORANTE, THOMAS L.
777 BRICKELL AVE
SUITE 500
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	PTS	<input type="checkbox"/> Delete
NAME	EVANS, RICHARD L.	
STREET ADDRESS	10 N AHWANNEE ROAD	
CITY-ST-ZIP	LAKE FOREST IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, RICHARD L.	
STREET ADDRESS	10 AHWANNEE ROAD	
CITY-ST-ZIP	LAKE FOREST IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, RICHARD L.	
STREET ADDRESS	19040 SKYLINE BLVD	
CITY-ST-ZIP	LOS GATOS, CA 95033	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, RICHARD L.	
STREET ADDRESS	19040 SKYLINE BLVD	
CITY-ST-ZIP	LOS GATOS, CA 95033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE: Richard L. Evans **RICHARD L. EVANS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 **408-395-0867**

Date

Daytime Phone #

CR2E034 (9/01)