

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G76342

i. Entity Name

QUARTERDECK STORE, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90140 042 ***150.00

Principal Place of Business

Mailing Address

PARK ST N.
PETERSBURG FL 33710

501 PARK ST N.
ST PETERSBURG FL 33710-6743

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2355242

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLINT, CONNIE M
700 STARKEY ROAD
#513
LARGO FL 33771

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

If corporation is eligible to satisfy its Intangible
filing requirement and elects to do so,
see criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS	ZIP	NAME	TITLE	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD-4		FLINT, CONNIE M		700 STARKEY ROAD, #513	LARGO FL 33771	<input type="checkbox"/>	<input type="checkbox"/>
V		CHRISTOPHER T. LOWDER		700 STARKEY ROAD, #513	LARGO FL 33771	<input type="checkbox"/>	<input type="checkbox"/>
S		AMY E. LOWDER		700 STARKEY ROAD, #513	LARGO FL 33771	<input type="checkbox"/>	<input type="checkbox"/>
T		FLINT, RICHARD J		700 STARKEY ROAD, #513	LARGO FL 33771	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

I 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
based 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
used, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Connie M Flint

Date

2-16-00

Daytime Phone #

6272347-6915

CR2E034 (9/99)