

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90100 007 \*\*\*150.00

**DOCUMENT # G76342**

1. Entity Name  
**QUARTERDECK STORE, INC.**

Principal Place of Business

**501 PARK ST N.  
ST PETERSBURG FL 33710**

Mailing Address

**501 PARK ST N.  
ST PETERSBURG FL 33710**



DO NOT WRITE IN THIS SPACE

2. 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**

**11342 30th COVE EAST  
PARRISH, FLORIDA  
34219**

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) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLINT, CONNIE M.	
STREET ADDRESS	11342 30th COVE EAST	
CITY-ST-ZIP	PARRISH, FLORIDA 34219	
TITLE	V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	125 Ave.	
STREET ADDRESS	12478 <del>9th Ave</del>	
CITY-ST-ZIP	LARGO, FLORIDA 33773	
TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMY E. Willoughby	
STREET ADDRESS	9484 TREASURE LANE N.E.	
CITY-ST-ZIP	ST. PETERSBURG, FLA. 33702	
TITLE	T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLINT, RICHARD J.	
STREET ADDRESS	11342 30th COVE EAST	
CITY-ST-ZIP	PARRISH, FLA. 34219	
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: *Connie M. Flint* **CONNIE M. FLINT**

Date

Daytime Phone #

**2/11/02 727-347-6915**

CR2E034 (9/01)