

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90108 029 \*\*\*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**

2. Principal Place of Business  
**11342 30th COVE EAST**  
Suite, Apt. #, etc.

3. Mailing Address  
**11342 30th COVE EAST**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**PARRISH, FLORIDA**

City & State  
**PARRISH, FLORIDA**

4. FEI Number  
**59-2355242**

Applied For  
☐ Not Applicable

Zip  
**34219**

Country  
**MANATEE**

Zip  
**34219**

Country  
**MANATEE**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FLINT, CONNIE M  
11342 30TH COVE EAST  
PARRISH FL 34219**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☐ Delete  
NAME **FLINT, CONNIE M**  
STREET ADDRESS **11342 30TH COVE EAST**  
CITY-ST-ZIP **PARRISH FL 34219**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **CHRISTOPHER T. LOWDER**  
STREET ADDRESS **12478 125 AVE**  
CITY-ST-ZIP **LARGO FL 33773**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **WILLOUGH BY, AMY E**  
STREET ADDRESS **9484 TREASURE LANE NE**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **FLINT, RICHARD J**  
STREET ADDRESS **11342 30TH COVE EAST**  
CITY-ST-ZIP **PARRISH FL 34219**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Connie M. Flint* **CONNIE M. FLINT** 04/09/03 941-776-3805  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)