

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90111 024 ***150.00

DOCUMENT # J30220

1. Entity Name
QUIK REALTY, INC.

Principal Place of Business Mailing Address

310 S. DILLARD ST.
 STE 305
 WINTER GARDEN FL 34787
 US

310 S. DILLARD ST.
 STE 305
 WINTER GARDEN FL 34787-3515
 US

2. Principal Place of Business
 310 S. Dillard St.
 Suite, Apt. #, etc.
 Ste 210

3. Mailing Address
 1072 W. Magnolia St.
 Suite, Apt. #, etc.

City & State
 Winter Garden, FL Clermont, FL

Zip
 34787 34711

Country
 US US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2711198** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ASMA, WILLIAM N.
886 S. DILLARD ST.
BOX 1340
WINTER GARDEN FL 32787

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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, 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOUGLAS, LISA 9020 PINE ISLAND ROAD CLERMONT FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Douglas, Lisa 1072 W. Magnolia St. Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SUGGS, C. JODIE 91 BROAD STREET WINTER GARDEN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Suggs, C. Jodie 305 Beulah Rd. Winter Garden, FL 34787
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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: Lisa Douglas President 1/6/99 (407) 656-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Lisa Douglas

CR2E034 (9/99)