2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

J48118 **DOCUMENT #**

1. Entity Name

QUICK & ASSOCIATES, INC.



			SOO WE THE			
Principal Place of Business 1300 S WOODLAND BLVD DELAND FL 32720		Mailing Address 1300, S WOODLAND BLVD DELAND FL 32720				
2. Principal Place of Business 3.		3. Mailing Address	· · · · · · · · · · · · · · · · · · ·			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKI	NG CHANGES	
City & State		City & State		4. FEI Number 59-2753924	<u> </u>	ied For Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Addition	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registere		
			Name	Name		
•	/ALTER C. OODLAND BLVD		Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
DELAND			 			
	C 32720		City		Zip Code	
the obliga	ions of registered agent.		ts registered office or regis	tered agent, or both, in the State of Florida. I ar	n familiar with, an	d accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NC	TE: Registered Agent signature requ	ired 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				Election Campaign Financing Trust Fund Contribution.	\$5.00 Added to	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS I	N 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUICK, WALTER C. 1300 S WOODLAND BLVD DELAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D SMITH, WAYNE W. 1300 S. WOODLAND BLVD DELAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change {	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TWOROGER, SHARON M 1300 S WOODLAND BLVD DELAND FL 02	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change [☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUICK-RAINES, SAMANTHA 1300 S WOODLAND BLVD DELAND FL 32720	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change [Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change [Addition
TITLE NAME		☐ Delete	TITLE NAME		Change [Addition

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

May 01, 2003 8:00 am Secretary of State

FILED

05-01-2003 90221 021 ***150.00