

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000523

1. Entity Name

QUICK RESPONSE RESTORATION, LLC

02 OCT 18 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
12683 HEADWATER CIRCLE
WELLINGTON FL 33414Mailing Address
12683 HEADWATER CIRCLE
WELLINGTON FL 33414

2. Principal Place of Business

1231 ESSEX DRIVE

3. Mailing Address

1231 ESSEX DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON FL

City & State

WELLINGTON, FL

Zip

33414

Country

Zip

33414

Country

4. FEI Number

80-0031270

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAS, EUGENE F JR.
12683 HEADWATER CIRCLE
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name GASS, EUGENE F. JR.

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

1231 ESSEX DRIVE

City

WELLINGTON

FL

Zip Code

33414

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

9/30/02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
MANAGING MEMBER	EUGENE F. GASS	8044 MIDDLE LINE ROAD	BALLEN SPA, NY 12020	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Eugene Gass*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

CR2002 14/02