

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90048 035 ***150.00

DOCUMENT # L41197

1. Entity Name

NORTHWEST QUADRANT EQUITY, INC.

Principal Place of Business

**50 N LAURA ST. STE 3100
 P O BOX 4548
 JACKSONVILLE FL 32201-4548
 US**

Mailing Address

**50 N LAURA ST. STE 3100
 P O BOX 4548
 JACKSONVILLE FL 32201-4548
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

50 North Laura Street

Suite, Apt. #, etc.

Suite 2500

City & State

Jacksonville, Florida

Zip
32202

Country
USA

3. Mailing Address

50 North Laura Street

Suite, Apt. #, etc.

Suite 2500

City & State

Jacksonville, Florida

Zip
32202

Country
USA

4. FEI Number

59-2981552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BRANT,MOORE,MACDONALD & WELLS, PA
 50 N LAURA ST
 SUITE 3100
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Terry A. Moore

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

50 North Laura Street, Suite 2500

City

Jacksonville, Florida

FL

Zip Code
32202

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

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

(NOTE: Registered Agent signature required when reinstating)

4/15/02

DATE

Terry A. Moore, Registered Agent and President

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

TITLE **PD** ☐ Delete
 NAME **MOORE, TERRY A**
 STREET ADDRESS **50 N LAURA ST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ Delete
 NAME **KING, ROBERT F**
 STREET ADDRESS **5245 OLD KINGS RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **STD** ☒ Delete
 NAME **VICKERS, SAMUEL H**
 STREET ADDRESS **2913 WESTSIDE BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Moore, Terry A.**
 STREET ADDRESS **50 North Laura Street, Suite 2500**
 CITY-ST-ZIP **Jacksonville, Florida 32202**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 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:

Terry A. Moore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Terry A. Moore, President

4/15/02

Date

904-798-3700

Daytime Phone #

CR2E034 (9/01)