

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90056 048 ***150.00

DOCUMENT # **L 62879**

1. Entity Name

MARKET QUOTE, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

521 N RIVERSIDE DR

Suite, Apt. #, etc.

1207

City & State

POMPANO BEACH, FL

Zip

33062

Country

USA

3. Mailing Address

200 W PALMETTO PARK RD

Suite, Apt. #, etc.

200

City & State

BOCA RATON, FL

Zip

33432

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0181429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FRANCIS CALARCO SULLIVAN

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

521 N. RIVERSIDE DR #1207

City

POMPANO BEACH,

FL

Zip Code

33062

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

FRANCIS CALARCO SULLIVAN

521 N. RIVERSIDE DR #1207

POMPANO BEACH, FL 33062

TITLE

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STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02

561-392-8663