

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90813 027 ***150.00

DOCUMENT # L66663

1. Entity Name
**ELEVATOR CONSULTING AND MAINTENANCE
REVIEW, INC.**



Principal Place of Business
**1881 NE 26TH STREET
SUITE 212
WILTON MANORS, FL 33305 US**

Mailing Address
**6840 NW 81ST CT
TAMARAC, FL 33321 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0187102

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUARLES, NATHAN Y
6840 NW 81ST CT
TAMARAC, FL 33321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PM** ☐ Delete
NAME **QUARLES, NATHAN**
STREET ADDRESS **6840 N.W. 81 ST. CT.**
CITY-ST-ZIP **TAMARAC, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **QUARLES, RONDA**
STREET ADDRESS **6840 NW 81ST CT**
CITY-ST-ZIP **TAMARAC, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **QUARLES, MATTHEW**
STREET ADDRESS **6840 NW 81ST CT**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **QUARLES, NATHAN Y III**
STREET ADDRESS **329 FISHER DR**
CITY-ST-ZIP **DELTONA, FL 32725**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **QUARLES, AMANDA**
STREET ADDRESS **6840 N.W. 81 COURT**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONDA QUARLES
SECRETARY

4/28/03

Date

Daytime Phone #

CR2E034 (10/02)