

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L67314

1. Entity Name
QUAD RENTING, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90191 030 ***158.75

Principal Place of Business

Mailing Address

% HEIDI BEKIEMPIS
11700 N. 58TH STREET
TAMPA FL 33617

% HEIDI BEKIEMPIS
12108 N 56TH ST #3&5
TAMPA FL 33617
US

C0058270



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12108 N. 56th St

Suite, Apt. #, etc.

3&5

City & State
Tampa FL

Zip
33617

Country
USA

Zip
33617

Country
USA

4. FEI Number 59-3003882

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

BEKIEMPIS, VINCENT
12108 N 56TH ST
SUITE #3&5
TAMPA FL 33617

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.

SIGNATURE Lisa Caskey Lisa Caskey Treasurer :s. 4/20/01

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BEKIEMPIS, HEIDI
CITY-ST-ZIP 12108 N 56TH ST
TAMPA FL

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS BEKIEMPIS, VINCENT
CITY-ST-ZIP 12108 N 56TH ST
TAMPA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Lisa Caskey Lisa Caskey Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01

(813) 988-1428

CR2E034 (10/00)