CR2E034 (9/01)

2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State **DOCUMENT #** L73216 1. Entity Name 04-09-2002 90014 005 ***150.00 QUADWORKS, INC. Principal Place of Business Mailing Address % JUDITH M. CHRISTIANSON % JUDITH M. CHRISTIANSON 1314 10TH ST. 1314 10TH ST. SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0191574 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHRISTIANSON, JUDITH M. Street Address (P.O. Box Number is Not Acceptable) 1314 10TH ST. SARASOTA FL 34236 City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PTD □ Delete TITLE ☐ Addition CHRISTIANSON, JUDITH M. NAME NAME STREET ADDRESS 15855 WATERLINE RD STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP TITLE SDV ☐ Delete TITLE Change ☐ Addition NAME GRIFFIN, PATRICIA A. NAME STREET ADDRESS 15855 WATERLINE RD STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP JITLE: - El Delete TITLE - Ghange-Christianson, Joshual Addition -NAME NAME 2628 Reserve PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIF Bradentan CITY-ST-ZIP Bradenton Fi TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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. . Christianson SIGNATURES