

2000 UNIFORM BUSINESS REPORT (UBR)

0010804 AF

DOCUMENT # L97000000741

1. Entity Name
QUARTÉC ENTERPRISES, L.C.

APPROVED
AND
FILED

00 APR 13 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1615 SOUTHBAY DR
OSPNEY FL 34229

Mailing Address

2119 WEST BRANDON BLVD
SUITE C
BRANDON FL 33511-4731

2. Principal Place of Business

3. Mailing Address

1615 Southbay DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

OSPNEY FL

4. FEI Number

59-3461564

Applied For

Not Applicable

Zip

Country

Zip

34229

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDERMOTT, MICHAEL J ESQ.
791 WEST LUMSDEN ROAD
BRANDON FL 33511

Name JIM MACHISE

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

1615 Southbay DR.

City OSPNEY

FL

Zip Code 34229

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 Jim Machise MGRM, [Signature]

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

(NOTE: Registered Agent signature required when reinstating)

1/26/00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
NAME MACHISE, JIM
STREET ADDRESS 2119 WEST BRANDON BOULEVARD, SUITE C
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE NAME MGRM
NAME JIM MACHISE
STREET ADDRESS 1615 SOUTHBAY DR.
CITY-ST-ZIP OSPNEY, FL 34229 ☒ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS 700003224507---1
CITY-ST-ZIP -04/26/00--01027--016 ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JIM MACHISE MGRM, [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/26/00

Date

941-966-4313

Daytime Phone #

CR2E083 (9/99)