813 988-1428 Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

חטכוי	MENT# 1076	200001000		- -]	E.	1 50		Ş
DOCUMENT # L9700001396							LED		נ
QUAD PROPERTIES, L.C. Principal Place of Business Mailing Address						01 MAY -1	PM 5: 2	24	-
						SECRETAR' TALLAHASSI	OF STATE	=	
Principal Place of Business Mailing Address 12108 N. 56TH STREET 12108 N. 56TH STREET							ce, reuric)A	
TAMPA FL 33617 TAMPA FL 33617									
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	_		4. FEI Nu	mber 59-3507830		Applied For	7
Zip Country		Zip ,	Country		5. Certific	eate of Status Desired	Z \$5.00 A		
	6. Name and Address of Curre	ent Registered Agent			7. Name	and Address of New Registe		160	_
•				ame		•			
QUAD RENTING, INC.			S	Street Address (P.O. Box Number is Not Acceptable)					
12108 N. 56TH STREET TAMPA FL 33617				···· ·					1
IAMEAT	L 33017		C	ty			FL Zip Co	ode	1
9 The above	named entity submits this statemen	t for the ourness of changing its	registered of	fice or register	ed agent or	both in the State of Florida			1
•. The above	named entity soonnis this statemen	tion the purpose of changing its	ogistorea e	noc or regional	ou agont, or	South will State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	Registered Age	nt signature required	when reinstating)	DATE		
		EU E NO	III ESE	10 650 00					1
		Make Check Pa	1	IS \$50.00 epartment o	f State				
				<u> </u>		400 TONO (6) 44	1050		4
9. TITLE		MBERS/MEMBERS Delete	10.			ADDITIONS/CHAP	NGES Change	Addition	g
NAME	MGR QUAD RENTING, INC.		NAME						E
STREET ADDRESS	12108 N. 56TH STREET		STREET AD	1					2E083 (11/00)
CITY-ST-ZIP	TAMPA FL 33618	☐ Delete	TITLE	P			☐ Change	Addition	
TITLE NAME		□ Delete	NAME				·		0
STREET ADDRESS			STREET AD						
CITY-ST-ZIP TITLE		Delete	TITLÉ	ır			☐ Change	☐ Addition	1
NAME		<u> </u>	NAME	.		richentarionalionalionalionalionalionalionalional		_	
STREET ADDRESS CITY-ST-ZIP			STREET AD CITY-ST-2			5000042 1 -05/21/01	01132-	-016	
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STREET ADDRESS		•	STREET AD	4					
CITY-ST-ZIP			C!TY-ST-Z	Р					4
TITLE *		☐ Delete	TITLE NAME				Change	☐ Addition	
NAME STREET ADDRESS			STREET AD	DRESS			i		
CITY-ST-ZIP		•	CITY-ST-Z	-					
11. I hereby o	ertify that the information supplied von this report is true and accurate a	with this filing does not qualify for	the exempti	on stated in Se	ction 119.07	(3)(i), Florida Statutes. I furthe	er certify that the	information per of the	
limited lia	bility company or the receiver or trus	stee empowered to execute this 1	eport as req	ired by Chapt	er 608, Flori	da Statutes.		g 1110	}

SIGNATURE: