2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 MAY 18 AM 10: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000772

1. Entity Name

Quailmark Books, LLC

Principal Place of Business	Mailing Address
4500 Executive Drive Naples, Fl 34119	Same

2. Principal Place of Business	3. Mailing Address
4500 Executive Drive	4500 Executive Dr
Suite, Apt. #, etc. Ste 110	Suite, Apt. #, etc. Ste 110
City & State Naples	City & State Naples Fl
Zip Fl / Country USA	Zip 34119 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4112707 ☐ Applied For ☐ Not Applicable

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
Corporation Services Company 1201 Hays Street Tallahassee Fl 32301	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BROWN, THOMAS G 4500 Executive Dr, Naples Fl 34119 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Mitchell, William N 34119 4500 Executive Drive, Naples Fl ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000004419290--4 -06/14/01--01023--001 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: William N. Mitchell 4/30/01 941 594-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #