

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M65823

1. Entity Name

QMTD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

MONKEY'S UNCLE TAVERN

3. Mailing Address

J. KEITH M. SANDS

Suite, Apt. #, etc.

10601-30 SAN JOSE BLVD.

Suite, Apt. #, etc.

6821 SOUTHPPOINT DR. N. #228

City & State

JACKSONVILLE, FL 32257

City & State

JACKSONVILLE, FL 32216

4. FEI Number

59-2868725

Applied For

Not Applicable

Zip

32257

Country

USA

Zip

32216

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

J. KEITH M. SANDS

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

6821 SOUTHPPOINT DR. N. #228

City

JACKSONVILLE

FL

Zip Code

32216

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

J. KEITH M. SANDS

(NOTE: Registered Agent signature required when renouncing)

May 1, 2002

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$81.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD

MARTYN, JAMES

10601-30 SAN JOSE BLVD.

JACKSONVILLE, FL 32257

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VSD

MARTYNE SUSAN E.

10601-30 SAN JOSE BLVD.

JACKSONVILLE, FL 32257

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE: Susan E. Martyn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN E. MARTYN

5/1/02

Date

Daytime Phone /

904-260-1349

**DO NOT WRITE
IN THIS SPACE**

CR2EC04B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.



Attachment

869849

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 2, 2002

QMTD INC.
J KEITH M. SANDS
68211 SOUTHPOINT DR N #228
JACKSONVILLE, FL 32216 US

Subject: QMTD INC.

Reference Number: M65823

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN
ANNUAL REPORTS SECTION