

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

05-15-2002 90069 023 \*\*\*61.25  
N02000002512

FILED

02 JUN 26 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N0200002512**

1. Entity Name  
**Q.U.I.E.T., INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**9280 HECKSCHER DRIVE**

3. Mailing Address  
**9280 HECKSCHER DRIVE**

City & State  
**JACKSONVILLE, FL**

City & State  
**JACKSONVILLE, FL**

Zip  
**32226**

Country

Zip  
**32226**

Country

4. FEI Number  
**59-3741628**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**LOUIS A. FRASHUER**

Street Address (P.O. Box Number is Not Acceptable)  
**8810 GOODEY'S EXECUTIVE DR**

**SUITE A**

City  
**JACKSONVILLE**

FL

Zip Code  
**32217**

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 submitting)

DATE

FEE IS \$81.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P SAMMONS, JESSIE W. 9280 HECKSCHER DR JACKSONVILLE, FL 32226</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/T SAMMONS, H. KENNETH 9280 HECKSCHER DR JACKSONVILLE, FL 32226</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S ETHERIDGE, JOAN 9172 HECKSCHER DR JACKSONVILLE, FL 32226</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP TEEMS, JOHN 13539 PICARBA DR JACKSONVILLE, FL 32225</b>	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	

**DO NOT WRITE  
IN THIS SPACE**

*JW/26*

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 817, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jessie W. Sammons* **Jessie W. Sammons**

April 21, 2002 <sup>904</sup> 251-3324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037B (12/01)