

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90028 011 ****70.00

DOCUMENT # N02000003561

1. Entity Name

**QUOTA INTERNATIONAL OF CORAL
SPRINGS/PARKLAND, INC.**



Principal Place of Business

**C/O RICHARD A. FETCHIK, SR.
7589 DOWNSWIND LANE
LAKE WORTH FL 33467**

Mailing Address

**C/O RICHARD A. FETCHIK, SR.
7589 DOWNSWIND LANE
LAKE WORTH FL 33467**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

02-0580144

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FETCHIK, RICHARD A SR.
7589 DOWNSWIND LANE
LAKE WORTH FL 33467**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAHMAN, LAURA	
STREET ADDRESS	11259 N W 15TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOTSON, SHARON	
STREET ADDRESS	11262 N W 15TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TINDELL, SHARON	
STREET ADDRESS	1043 NW 44TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FETCHIK, RICHARD A	
STREET ADDRESS	7589 DOWNSWIND LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARDIN, GENE	
STREET ADDRESS	801 NW 93RD. AVENUE	
CITY-ST-ZIP	PEMBROKE PINE FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TINDELL, RICHARD	
STREET ADDRESS	10431 NW 44TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTEN, RADCLIFFE	
STREET ADDRESS	3867 NW 77th AVENUE	
CITY-ST-ZIP	SUNRISE, FL 33357	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HURD, CINDY A.	
STREET ADDRESS	11877 CLASSIC DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FETCHIK, MARIAN E.	
STREET ADDRESS	7589 DOWNSWINDS LANE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIOIELLO, LINA	
STREET ADDRESS	5010 NW 77th COURT	
CITY-ST-ZIP	HILLSBORO PINES, FL 33073	

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Richard A. Fetchik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #