

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90356 008 \*\*\*\*61.25

**DOCUMENT # N43494**

1. Entity Name

**A QUIET PLACE, INC.**

Principal Place of Business

Mailing Address

**608 VENEER DRIVE  
 ALTAMONTE SPRINGS FL 32714**

**608 VENEER DRIVE  
 ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**1364 DUTCH ELM DR**

Suite, Apt. #, etc.

**1364 DUTCH ELM DR.**

City & State

**ALTAMONTE SPR, FL**

City & State

**ALTAMONTE SPR, FL**

4. FEI Number

**59-3082208**

Applied For

Not Applicable

Zip

**32714**

Country

**USA**

Zip

**32714**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

8. Name and Address of Current Registered Agent

**WHITE, SANDRA K  
 608 VENEER DRIVE  
 ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name **MARC R. WHITE, PRES.**

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

**1364 DUTCH ELM DR.**

City **ALTAMONTE SPRINGS FL**

Zip Code **32714**

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

*[Handwritten Signature]*

**4/12/01**

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**

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          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>WHITED, M.D.</b>         |                                 |
| STREET ADDRESS | <b>2347 VERSAILLES AVE.</b> |                                 |
| CITY-ST-ZIP    | <b>WINTER PARK FL</b>       |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>WHITE, MARC</b>          |                                 |
| STREET ADDRESS | <b>608 VENEER DR</b>        |                                 |
| CITY-ST-ZIP    | <b>ALTAMONTE SPRINGS FL</b> |                                 |
| TITLE          | <b>PD</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>WHITE, SANDRA K</b>      |                                 |
| STREET ADDRESS | <b>608 VENEER DR</b>        |                                 |
| CITY-ST-ZIP    | <b>ALTAMONTE SPRGS FL</b>   |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>BUDDY BALAGIA</b>               |  |
| STREET ADDRESS | <b>508 MARK RUN</b>                |  |
| CITY-ST-ZIP    | <b>WINTER SPRINGS, FL 32708</b>    |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>STEVE ATKERSON</b>              |  |
| STREET ADDRESS | <b>2752 EVANS DALE CIRCLE</b>      |  |
| CITY-ST-ZIP    | <b>ALANTA, GA 30340</b>            |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>DENNIS STOLTZFOOS</b>           |  |
| STREET ADDRESS | <b>1414 SEFFNER VALRICO ROAD</b>   |  |
| CITY-ST-ZIP    | <b>SEFFNER, FL 33584</b>           |  |
| TITLE          | <b>VP, D</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>SANDRA K. WHITE</b>             |  |
| STREET ADDRESS | <b>1364 DUTCH ELM DR.</b>          |  |
| CITY-ST-ZIP    | <b>ALTAMONTE SPRINGS, FL 32714</b> |  |
| TITLE          | <b>PRESIDENT, D</b>                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>MARC R. WHITE</b>               |  |
| STREET ADDRESS | <b>1364 DUTCH ELM DR.</b>          |  |
| CITY-ST-ZIP    | <b>ALTAMONTE SPRINGS, FL 32714</b> |  |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

**SIGNATURE REQUIRED**

**4/12/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)