FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90643 042 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009769

1. Entity Name
QuoteThis Communications, Inc.

Principal Place of Business
2211 N. Riverside Dr
Tampa, Fl. 33602

Mailing Address
P.O. Box 172846
Tampa Fl.
33672-0846

00056909

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2211 N. Riverside Dr	PO Box 172846
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Fl.	City & State: Tampa Fl.
Zip: 33602 Country: US	Zip: 33672-0846 Country: US

4. FEI Number 59-363-0712 ☒ 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
Name: Clifford B Thomasset
Street Address (P.O. Box Number is Not Acceptable): 2211 N. Riverside Dr.
City: Tampa FL Zip Code: 33602

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: Clifford B Thomasset, President [signature] DATE: 5-1-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Clifford B Thomasset 2211 N. Riverside Dr. Tampa Fl. 33602 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Clifford B Thomasset 2211 N. Riverside Dr. Tampa Fl 33602 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clifford B Thomasset [signature] Pres 5-1-01 813.314-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone