

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91590 015 ***158.75

DOCUMENT # P00000010470

1. Entity Name
QUINN DESIGN, INC.

Principal Place of Business Mailing Address
C/O MANDEL, WEISMAN, KIRSCHNER & BRODIE, P.A. **C/O MANDEL, WEISMAN, KIRSCHNER & BRODIE, P.A.**
2101 CORPORATE BLVD., STE. 300 **2101 CORPORATE BLVD., STE. 300**
BOCA RATON FL 33431 **BOCA RATON FL 33431**

2. Principal Place of Business 3. Mailing Address
2762 F RD **P.O. BOX 210083**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LOXAHATCHEE FL **ROYAL PALM BEACH FL**
 Zip Zip
33470 **33421-0083**
 Country Country
USA **USA**

4. FEI Number Applied For
65-0983678 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
KIRSCHNER, MITCHELL B Name
MANDEL, WEISMAN, KIRSCHNER & BRODIE, P.A. Street Address (P.O. Box Number is Not Acceptable)
2101 CORPORATE BLVD., STE. 300
BOCA RATON FL 33431 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.

SIGNATURE *Joseph L. Quinn* DATE **4/17/01**
Signature, typed or printed name of registered agent and date 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. ☒ **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	PD QUINN, JOSEPH 2101 CORPORATE BLVD., STE. 300 BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2762 F RD LOXAHATCHEE FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VTSD QUINN, JUDY 2101 CORPORATE BLVD., STE. 300 BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2762 F RD LOXAHATCHEE FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph L. Quinn* **JOSEPH L. QUINN** DATE **4/5/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)