

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90063 003 \*\*\*150.00

**DOCUMENT # P00000056668**

1. Entity Name  
**QUADREX ASSOCIATES, INC.**



Principal Place of Business  
**781B-MARSAILLE-DR**  
**INDIALANTIC FL 32903**

Mailing Address  
**P O BOX 34155**  
**INDIALANTIC FL 32903**

11007100



2. Principal Place of Business  
**304 Hamlin Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Satellite Beach FL**

City & State

4. FEI Number **59-3652962**

Applied For  
Not Applicable

Zip  
**32937**

Country  
**USA**

Zip

Country

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

**BYERS, DAVID A**  
**781B-MARSAILLE-DR**  
**INDIALANTIC FL 32903**

Name

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

**304 Hamlin Ave**

City **Satellite Beach**

**FL**

Zip Code **32937**

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 **D.A. Byers**  
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **BYERS, DAVID A**  
STREET ADDRESS **781B-MARSAILLE-DR**  
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☒ Change ☐ Addition  
NAME **304 Hamlin Ave**  
STREET ADDRESS **Satellite Beach FL**  
CITY-ST-ZIP **32937**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **STANDARD REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/03**

**800.231.7025**

Date Daytime Phone #

CR2E034 (10/02)