8/10/01-90

FILED
Sep 21, 2001 8:00 am
Secretary of State
08-10-2001 90003 026 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056975

1. Entity Name
QUARTER K, INC.

Principal Place of Business	Mailing Address
6329 OLD COURT STREET NORTH PORT FL 34286	6329 OLD COURT STREET NORTH PORT FL 34286

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3652248 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ICARD, MERRILL, CULLIS, ET. AL
ATTENTION: F. THOMAS HOPKINS
2033 MAIN STREET - SUITE 600
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name: Paul Kaskey
Street Address (P.O. Box Number is Not Acceptable): 6329 Old Court
City: North Port FL Zip Code 34286

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 ____________ 9-12-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 $550.00
After September 12, 2001 Fee will be $750.00
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	D KASKEY, PAUL G 6329 OLD COURT STREET NORTH PORT FL 34286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KASKEY, SANDRA W 6329 OLD COURT STREET NORTH PORT FL 34286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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: SIGNATURE REQUIRED Aug 26 407-957-7305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment ... Doc # [redacted] D00000056975

78041

August 27, 2001

Dear Sir,

Thank you for your letter dated August 10, 2001. Attached you can see I made the correction to Quarter k, Inc. D00000056975 as requested (signature/Box 13 and FEI # 59365-2248 /Box 4.
We also have another small business, Kaskey consulting, Inc., which I may have marked Box 4 incorrectly. Our FEI # is 59-3652247.

Sincerely,

Paul G. Kaskey
6329 Ols Court St.
North Port, Fl.
34286