2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 28, 2002 8:00 am Secretary of State P00000063214 **DOCUMENT #** 1. Entity Name QUITATFORTY, INC. 02-28-2002 90044 012 ***150.00 Mailing Address Principal Place of Business 974 BAYSHORE DRIVE 974 BAYSHORE DRIVE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3655323 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named (NOTE: Registered Agent signature required when reinstating) ent, and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01 PSTD ☐ Change ☐ Addition TITLE TITLE ☐ Delete MARCUS, BRETT A NAME NAME 974 BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete . TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition THOTO TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information use and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trastee ery changed, or on an attachment with an add

Daytime Phone #