

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90361 037 ***150.00

DOCUMENT # P00000069087

1. Entity Name
QUIK INTERNET OF GULFCOAST, INC.

Principal Place of Business

100 MADRID BV
STE 411
PUNTA GORDA FL 33950

Mailing Address

23964 VINCENT AVENUE
PUNTA GORDA FL 33955

2. Principal Place of Business

582 ANDORA DR

3. Mailing Address

582 ANDORA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

Zip

33950

Country

USA

Zip

33950

Country

USA

4. FEI Number

65-1025394

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

LARSON, GLENN G

23964 VINCENT AVENUE

PUNTA GORDA FL 33955

Name

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

582 ANDORA DR

City

PUNTA GORDA

FL

Zip Code

33950

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

Glenn G. Larson

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 \$150.00
After May 1, 2002 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 **D** ☐ Delete
NAME **LARSON, GLENN G**
STREET ADDRESS **23964 VINCENT AVENUE**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **582 ANDORA DR**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **D** ☐ Delete
NAME **LARSON, HOLLY E**
STREET ADDRESS **23964 VINCENT AVENUE**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **582 ANDORA DR**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Glenn G. Larson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/02 (941) 575-1924

Date Daytime Phone #

CR2E034 (9/01)