

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087052

1. Entity Name

QUANTUM CONTROLS, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90050 024 ***150.00

Principal Place of Business

4350 WEST SUNRISE BLVD. #116
PLANTATION FL 33313

Mailing Address

4350 WEST SUNRISE BLVD. #116
PLANTATION FL 33313

2. Principal Place of Business

4350 W SUNRISE BLVD

3. Mailing Address

4350 W SUNRISE BLVD

Suite, Apt. #, etc.

#118

Suite, Apt. #, etc.

#118

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

33313

Country

BROWARD

Zip

33313

Country

BROWARD

4. FEI Number

65-1052717

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

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

Name

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

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

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, 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 P ☐ Delete
NAME ALLEN, SHARON
STREET ADDRESS 4350 WEST SUNRISE BLVD. ~~#116~~ #118
CITY-ST-ZIP PLANTATION FL 33313

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

TITLE V ☐ Delete
NAME PERKINS, MICHAEL
STREET ADDRESS 4350 WEST SUNRISE BLVD. ~~#116~~ #118
CITY-ST-ZIP PLANTATION FL 33313

TITLE VICE PRESIDENT/SECRETARY ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME BARTH, JOHN
STREET ADDRESS 4350 WEST SUNRISE BLVD. #116
CITY-ST-ZIP PLANTATION FL 33313

TITLE VICE PRESIDENT/TREASURER ☐ Change ☒ Addition
NAME NEUMAN, MARIA E.
STREET ADDRESS 4350 WEST SUNRISE BLVD. #118
CITY-ST-ZIP PLANTATION FL 33313

TITLE V ☒ Delete
NAME BERGHEIMER, FRANK
STREET ADDRESS 4350 WEST SUNRISE BLVD. #116
CITY-ST-ZIP PLANTATION FL 33313

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

TITLE V ☒ Delete
NAME REEVE, DAVID
STREET ADDRESS 4350 WEST SUNRISE BLVD. #116
CITY-ST-ZIP PLANTATION FL 33313

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

(954) 85-8598

Daytime Phone #

CR2E034 (10/00)