2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P0000090239

1. Entity Name



FILED Mar 10, 2003 8:00 am Secretary of State

Stock Address of Country Zip Country St. Certificate of Status Desired \$8.75 Addition \$8.75 Addi		QUITIES, INC.			03-10-2003 90134 021 130.00
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City & Sister City & Sister Country Zip Country Zip Country 5. Certificate of Status Desired 5. Name and Address of Current Registrated Agent 7. Name and Address of New Registrated Agent Name NORSE, MARK E 1510 INDUSTRIAL DRIVE NEW SMYRNA BEACH FL 32168 City FL Zip Core Signature City FL Zip Core Signature City FL Now Number is Not Acceptable) DATE Signature Signature Address (PO. Box Number is Not Acceptable) DATE City FL Zip Core Signature City FL Now Number is Not Acceptable) DATE Address (PO. Box Number is Not Acceptable) DATE Signature City FL Dip Core City FL Zip Core City City FL Zip Core City City FL Zip Core City Ci	2. Principa	I Place of Business	3. Mailing Address	-	
City & State Country Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Address Not Applied \$8.75 Address \$9.75 Address \$9.	Suite, Ar	ot. #, etc.	Suite, Apt. #, etc.		—— ☐ CHECK HERE IF MAKING CHANGES
See a country	City & St	ate	City & State		4. FEI Number 59-3673094 Applied For
MORSE, MARK E 1510-INDUSTRIAL DRIVE NEW SMYRNA BEACH FL 32168 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and a fine obligations or registered agent, or both, in the State of Florids. I am familiar with, and a fine obligations or registered agent, or both, in the State of Florids. I am familiar with, and a fine obligations or registered agent, or both, in the State of Florids. I am familiar with, and a fine obligations or registered agent, or both, in the State of Florids. I am familiar with, and a fine obligations or registered agent, or both, in the State of Florids. I am familiar with, and a fine obligations or registered agent, or both, in the State of Florids. I am familiar with, and a fine obligations or registered agent, or both, in the State of Florids. I am familiar with, and a fine obligation or registered agent, or both, in the State of Florids. I am familiar with, and a fine obligation or registered agent, or both, in the State of Florids. I am familiar with, and a fine obligation or registered agent, or both, in the State of Florids. I am familiar with, and a fine obligation or registered agent, or both, in the State of Florids. I am familiar with, and a fine obligation or registered agent, or both, in the State of Florids. I am familiar with, and a fine obligation or registered agent, or both, in the State of Florids. I am familiar with, and a fine obligation or registered agent, or both, in the State of Florids. I am familiar with, and a fine of the fine of Florids. I am familiar with, and a fine of Florids. I am familiar with, and a fine of Florids. I am familiar with, and a fine of Florids. I am familiar with, and a fine of Florids. I am familiar with, and a fine of Florids. I am familiar with, and a fine of Florids. I am familiar with, and a fine of Florids. I am familiar with, and a fine of Florids. I am familiar with, and a fine of Florids. I am familiar with, an	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
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S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I sam familiar with, and as the obligations of registered agent. SIGNATURE SIGNATURE Segment upped or printed name of registered agent and start appointable. NOTE Registered Agent altigrature regaled when relatance; DATE	1510•INE	Dustrial Drive			er tree and resident tree tree tree tree tree tree tree t
B. 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 a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a statement with and a statement for the purpose of change in the suppose of registered agent, or registered agent, or both, in the State of Florida. I am familiar with, and a statement with and a statement with and a statement with and a statement with and a statement registered agent, or both, in the State of Florida Department with, and a statement for the purpose of the statement registered agent, or both, in the State of Florida Department of State of	NEW SM	IYRNA BEACH FL 32168			-
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corsupplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information emental prort 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information indicated on this report or supplement of the corporation or the receiver or trichanged, or on an attachment with an

SIGNATURE:

386-424-0030