

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106489

1. Entity Name
QUASI INTERNATIONAL INC.

Principal Place of Business
2118 9TH ST. W.
BRADENTON FL 34205

Mailing Address
2118 9TH ST. W.
BRADENTON FL 34205

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

POWER, DONALD L
1030 MILL CREEK ROAD
BRADENTON FL 34202

4. FEI Number 105-1066310	Applied For
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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	<input type="checkbox"/> Delete	TITLE	P. Power, Donald L.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	1030 Mill Creek Road		
STREET ADDRESS		STREET ADDRESS	Bradenton, FL 34202		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	Colalizzi, Charles		
STREET ADDRESS		STREET ADDRESS	1221 Manatee Ave. E		
CITY-ST-ZIP		CITY-ST-ZIP	Bradenton, FL 34205		
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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

4/12/00 941-746-5423

Date

Daytime Phone #

CR2E034 (10/00)