

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000073131

1. Entity Name  
QUAD PROPERTIES, INC.



Principal Place of Business  
2500 SILVER STAR RD  
ORLANDO FL 32804

Mailing Address  
2500 SILVER STAR RD  
ORLANDO FL 32804

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90123 042 \*\*\*150.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3734789**

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

PAWLACK, JEFFRE D  
~~1749 WALNUT AVE~~ 2429 Foxwood Ct.  
~~WINTER PARK FL 32789~~ Apopka, FL 32703

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME PAWLACK, JEFFRE  
STREET ADDRESS 2500 SILVER STAR RD  
CITY-ST-ZIP ORLANDO FL 32804

TITLE **D** ☒ Change ☐ Addition  
NAME PAWLACK, JEFFRE  
STREET ADDRESS 2429 Foxwood Ct.  
CITY-ST-ZIP Apopka, FL 32703

TITLE **D** ☐ Delete  
NAME ROBERTS, TIM  
STREET ADDRESS 3423 KAYLA CIR  
CITY-ST-ZIP OVIEDO FL 32765

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

TITLE **D** ☐ Delete  
NAME TETRO, ERNIE  
STREET ADDRESS 1232 BENT OAK TR  
CITY-ST-ZIP ALTAMONTE FL 32714

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

TITLE **D** ☐ Delete  
NAME TETRO, ROB  
STREET ADDRESS 379 CEDARBROOK LN  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey D. Pawlack* **JEFFRE D. PAWLACK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

407-299-2500

Daytime Phone #

CR2E034 (10/02)