2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000104550 **DOCUMENT #**

1. Entity Name

QUAIL CREEK PLANTATION, INC.



FILED Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90122 007 ***150.00

Signature Sign						
Suite, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 8, etc. Check HERE IF MAKING CHANGE Chy & State Chy & State Check HERE IF MAKING CHANGE Zip	12399 NE 224 ST 1080 SE THIRD AVENUE OKEECHOBEE FL 34972 FT LAUDERDALE FL 333		- - -			
City & State Ci	2. Principal	Place of Business	3. Mailing Address	 		
Zip Country Sip Country Sip Country S. Certificate of Status Desired \$8.75 a. Fee Required Signature and Address of Current Registered Agent	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKIN	G CHANGES
E. Name and Address of Current Registered Agent WRIGHT, PETE Z 1080 SE 3RD AVE FORT LAUDERDALE FL 33316 City FL Zip Co 8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Signature, hybrid or private name of registered agent and the it applicable. POPTICE Integration Agent signature required when relocating) LATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cheek Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE MAKE SIRRET ADDRESS CITY-ST-ZIP TITLE MAKE SIRRET ADDRESS CITY-ST-ZIP TITLE Change TITLE Change Change SRAME Change SRAME SIRRET ADDRESS CITY-ST-ZIP TITLE Change SRAME Change SRAME SIRRET ADDRESS CITY-ST-ZIP Change SRAME Change SRAME SIRRET ADDRESS CITY-ST-ZIP Change SRAME Change SRAME SRAME SRAME SRAME SRA	City & State		City & State		4. FEI Number 65-1150122	Applied For Not Applicable
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WRIGHT, PETE Z 1080 SE 3RD AVE FORT LAUDERDALE FL 33316 City FL Zip Co City		6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Pegistered	
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 the obligations of registered agent. SIGNATURE Gignature, blond or protein name of registered agent and size if applicable. (NOTE: Registered Agent signature required when revisitancy) After May 1, 2003 Fee will be \$550.00	1080 SE	3RD AVE	To the same of the	Wrich	+ Peter Correction	`
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ITLE IAME ITREET ADDRESS ITY-ST-ZIP 2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(2)(i). Florido Control Marie ITTLE NAME STREET ADDRESS CITY-ST-ZIP 2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(2)(i). Florido Control Marie ITTLE NAME STREET ADDRESS CITY-ST-ZIP	AME TREET ADDRESS ITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

indicated on this report or 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 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

SIGNATURE: