

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

06-03-2002 91195 001 ***150.00
P01000112616

02 OCT -7 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112616
1. Entity Name
Quickie Pickie, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2006 Atlantic Ave.
Suite, Apt. #, etc.
City & State
Daytona Beach, FL
Zip
32118
Country
USA

3. Mailing Address
2006 Atlantic Ave.
Suite, Apt. #, etc.
City & State
Daytona Beach, FL
Zip
32118
Country
USA

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

4. FEI Number
59-3755293
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name
Loguidice, Joseph A
Street Address (P.O. Box Number is Not Acceptable)
555 W. Granada Blvd Ste B-5
City
Ormond Beach FL Zip Code
32174

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zaza, Amer M. 2006 Atlantic Ave. Daytona Beach, FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  5-28-02 (386) 947-2252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)