

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91109 014 ***150.00

DOCUMENT # P01000114373

1. Entity Name
QUANTUM DESIGNS, INC.



Principal Place of Business
**18 N.E. 2ND AVENUE
DANIA FL 33004**

Mailing Address
**18 N.E. 2ND AVENUE
DANIA FL 33004**



2. Principal Place of Business
12358 Burgess Hill DR.
Suite, Apt. #, etc.

3. Mailing Address
12358 Burgess Hill DR.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
65-1157683

Applied For
☐ Not Applicable

Zip
32246

Country

Zip
32246

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHEINKMAN, MARTIN
18 N.E. 2ND AVENUE
DANIA FL 33004**

7. Name and Address of New Registered Agent

Name
MARGARET BENSON
Street Address (P.O. Box Number is Not Acceptable)
12358 BURGESS HILL DR.
City
JACKSONVILLE FL Zip Code
32246

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 **Margaret J. Benson**

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

(NOTE: Registered Agent signature required when reinstating)

3-15-03

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

TITLE **PTD** ☐ Delete
NAME **BENSON, MARGARET**
STREET ADDRESS **480 COBBLESTONE DRIVE 12358 Burgess Hill Dr.**
CITY-ST-ZIP **MADISON MS 39110 Jacksonville, FL 32246**

TITLE **VPSD** ☐ Delete
NAME **BENSON, BRUCE**
STREET ADDRESS **180 COBBLESTONE DRIVE 12358 Burgess Hill Dr.**
CITY-ST-ZIP **MADISON MS 39110 Jacksonville, FL 32246**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Margaret J. Benson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-03

Date Daytime Phone #

CR2E034 (10/02)