

FILED

03 JUL 10 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000117999			
1. Entity Name QUANTUM GARDEN INC.			
Principal Place of Business C/O NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301		Mailing Address C/O NRAI SERVICES, INC. 526 E. PARK AVE. NEW YORK, NY 10022 US	
2. Principal Place of Business		3. Mailing Address 10 BLACKSTOCK	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 404 FAIRLAWN DR.	
City & State		City & State STOCKBRIDGE, GA	
Zip	Country	Zip	Country
		30281	HENRY
5. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
		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 _____ DATE _____			
☐ 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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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 in executing this report as required by Chapter 807, 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: _____		000021457530 07/10/03--01034--001 *** 0.00	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date 678545-0635	