

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

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90067 047 ***150.00

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1. Entity Name
QUICK WAY ENTERPRISES, INC.



Principal Place of Business **Mailing Address**
~~504 SOUTH HIGHWAY 22A~~ 2405 Ruth Hentz Ave. ~~504 SOUTH HIGHWAY 22A~~ P.O. Box 15819
PANAMA CITY FL 32404 32405 PANAMA CITY FL 32404 32406

2. Principal Place of Business **3. Mailing Address**
2405 Ruth Hentz Ave. P.O. Box 15819
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Panama City, FL Panama City, FL

Zip **Country** **Zip** **Country**
32404 USA 32406 USA

4. FEI Number **Applied For**
02-0551668 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

MCQUAIG, CYNTHIA
2861 TUPELO DRIVE
PANAMA CITY FL 32405

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 Cynthia McQuaig - President **DATE** 3/31/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MCQUAIG, CYNTHIA	2861 TUPELO DRIVE	PANAMA CITY FL 32405	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: *Cynthia McQuaig* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3/31/03

DAYTIME PHONE # 850-769-5737

CR2E034 (10/02)