FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90733 025 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000053233

1. Entity Name
QUATELA - SCHILLINGER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
124 Bishops CT RD Suite, Apt. #, etc.	124 Bishops CT RD Suite, Apt. #, etc.	
City & State: OSPREY FL	City & State: OSPREY FL	4. FEI Number: 32-0012943 ☐ Applied For ☐ Not Applicable
Zip: 34229 Country: US	Zip: 34229 Country: US	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GERALD C. QUATELA

Street Address (P.O. Box Number is Not Acceptable): 124 Bishops CT. RD.

City: OSPREY FL Zip Code: 34229

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT	TITLE	
NAME	GEORGE SCHILLINGER	NAME	
STREET ADDRESS	2221 RIVER CHASE TRAIL	STREET ADDRESS	
CITY-ST-ZIP	Duluth, GA 30096	CITY-ST-ZIP	
TITLE	V.P.	TITLE	
NAME	GERALD C. QUATELA	NAME	
STREET ADDRESS	124 Bishops CT. RD	STREET ADDRESS	
CITY-ST-ZIP	OSPREY, FL 34229	CITY-ST-ZIP	
TITLE	V.P.	TITLE	
NAME	ROBERT C. QUATELA	NAME	
STREET ADDRESS	124 Bishops CT. RD	STREET ADDRESS	
CITY-ST-ZIP	OSPREY, FL. 34229	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034S (12/02)

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

SIGNATURE: Gerald C Quatela 4/8/03 7707763269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #