2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P02000076495

1. Entity Name

QUINN BUILDING, INC.



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90289 023 ***150.00

			Some of			
Principal Place of Business 26 PICKWICK PARK DRIVE EAST GREENACRES FL 33463		Mailing Address 26 PICKWICK PARK DRIVE EAST GREENACRES FL 33463				
• 5:						
2. Principal Place of Business		3. Mailing Address		ı suandun ili denin ileni denin denik ediki denin tedin enim etdi.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 1838182	Applied For Not Applicable	
Zip <u>.</u>	Country	Zip	Country 5. Certificate of Status Desired \$8.75		\$8.75 Additional Fee Required	
 	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered A	igent	
SDIEGEI	& UTRERA, P.A.		Name	Name Street Address (P.O. Box Number is Not Acceptable)		
	22ND ST.		Street Addre			
4TH FLO						
MIAMI FL	. 33145	City		Zip Code		
8 The above	e named entity cultmits this statement f	or the number of the section to			'	
the obliga	ations of registered agent.	or the purpose of changing its	s registered office or regi	stered agent, or both, in the State of Florida. I am fi	amiliar with, and accept	
	-					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NO)	E: Registered Agent signature req			
		THE THE PROPERTY OF THE PROPER	E. negistered Agent signature red	ulired when reinstating) DATE		
	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	\$5.00 May Be	
	k Payable to Florida Department of			Trust Fund Contribution.	Added to Fees	
10. OFFICERS AND DIRECTORS 11.			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE			
NAME	QUINN, PATRICK	_	NAME		☐ Change ☐ Addition	
STREET ADDRESS	CO LIGHT OF LAND	•	STREET ADDRESS			
CITY-ST-ZIP	GREENACRES FL 33463		CITY-ST-ZIP			

NAME STREET ADDRESS CITY-ST-ZIP	QUINN, PATRICK 26 PICKWICK PARK DRIVE EAST GREENACRES FL 33463	Delete	NAME STREET ADDRESS CITY-ST-ZIP	L Change	∠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete 🔭 🚾	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ 'Addition '
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change	Addition
TITLE NAME , STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ 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 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: