

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-02-2003 90144 015 ***150.00

DOCUMENT # **P02000103846**

1. Entity Name
MICHAEL QUINN, P.A.



Principal Place of Business
**3175 SOUTH CONGRESS AVENUE
SUITE 308
PALM SPRINGS FL 33461**

Mailing Address
**3175 SOUTH CONGRESS AVENUE
SUITE 308
PALM SPRINGS FL 33461**

2. Principal Place of Business

3. Mailing Address
2421 VILLAGE BLVD



☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc. **UNIT 202**

City & State

City & State
WEST PALM BEACH, FL

4. ECI Number
36-4514294

Applied For
☐ Not Applicable

Zip

Country

Zip
33409

Country

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

**QUINN, MICHAEL
2421 VILLAGE BOULEVARD
UNIT 202
WEST PALM BEACH FL 33409**

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

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

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
QUINN, MICHAEL
2421 VILLAGE BOULEVARD, UNIT 202
WEST PALM BEACH FL 33409** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 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 or without the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Resubmitted 05/23/03

CR2E034 (10/02)

Attachment #

55043926

PO 2000103846

FTD ADDRESS CHANGE

An address change here changes your address on the FTD coupons only.

New Address _____

City _____

State _____

Zip _____

Telephone Number () _____

Form 8109-C (Rev. 12-2000)

TEAR OFF HERE

Do not write beyond this line

Employer Identification Number (EIN)

36-4514294 091612 3 2

OMB No. 1545-0257

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MICHAEL QUINN P A
3175 S CONGRESS AVE STE 308
PALM SPRINGS FL 33461-2562

INTERNAL REVENUE SERVICE CENTER
CINCINNATI, OH 45999

Send FTD Address Change and correspondence to the IRS address above.