

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P29707**

1. Entity Name

**QUANTUM INDUSTRIES CALIFORNIA, INC.****FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90020 047 \*\*\*150.00

0602396

Principal Place of Business <b>3360-A COFFEY LANE SANTA ROSA CA 95403</b>	Mailing Address <b>3360-A COFFEY LANE SANTA ROSA CA 95403</b>
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006554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>94-2392804</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	FRANKLIN, GARY L.	NAME	
STREET ADDRESS	3360-A COFFEY LANE	STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA CA	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	PIEKARA, DEANE MATTHEW	NAME	
STREET ADDRESS	5786 SUN POINT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	CITY-ST-ZIP	
TITLE	SEC	TITLE	
NAME	KING, DANIEL G	NAME	
STREET ADDRESS	3360A COFFEY LANE	STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA CA	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	BARONET, BARRY P.	NAME	
STREET ADDRESS	10909 SABO RD SUITE 222	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	FALLIS, WILLARD J.	NAME	
STREET ADDRESS	3360A COFFEY LANE	STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA CA	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	MANGOSH, THEODORE N.	NAME	
STREET ADDRESS	7225 SOWUL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CONCORD OH	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)