

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000009343

1. Entity Name

QUARRY ROAD PROPERTIES, INC.

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

06-07-2001 90192 001 \*\*\*550.00

Principal Place of Business

2707 CHRISTOPHER CREEK RD  
SUITE 402. BLDG. C  
JACKSONVILLE FL 32217  
US

Mailing Address

POST OFFICE BOX 5761  
SUITE 402. BLDG. C  
JACKSONVILLE FL 32247  
US

2. Principal Place of Business

4161 CARMICHAEL AVE

3. Mailing Address

P.O. Box 5761

Suite, Apt. #, etc.

SUITE 139

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32207

Country

Zip

32247

Country

4. FEI Number

59-3223593

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MONROE, VAN S  
2707 CHRISTOPHER CREEK RD N  
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

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!**  
**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

TITLE DPT  
NAME MONROE, VAN S  
STREET ADDRESS 2702 CHRISTOPHER CREEK RD  
CITY-ST-ZIP JACKSONVILLE FL



TITLE S  
NAME MONROE, JANE H  
STREET ADDRESS 2707 CHRISTOPHER CREEK RD N  
CITY-ST-ZIP JACKSONVILLE FL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

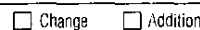


TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

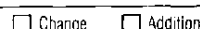
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



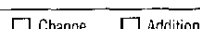
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CITY-ST-ZIP



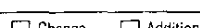
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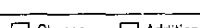
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TITLE  
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NAME  
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CITY-ST-ZIP



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

(VAN S. MONROE) 5/31/01 (904) 391-0089

Date

Daytime Phone #

CR2E034 (10/00)