## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P93000012358 **DOCUMENT #**

1. Entity Name

QUIMBY													
Principal Plac	ce of Busines	Mailing Address 12765 FOREST HILL BLVD SUITE 1302											
			WELLINGTON FL 33414 US										
2. Principal F 12765 F		ess Iill Blvd.	3. Mailing Address							9811 <b>98</b> 141    0		ilbi 14)    <b>88</b>	
Suite, Apt. Suite 1	302		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State Wellington FL			City & State				4. F		4. FEI Number 65-0385964			olied For Applicable	
Zip 33414	Country US		Zip			ntry			ertificate of Status Desired	Fe	8.75 Addi e Required		
6. Name and Address of Current Registered Agent							7 Name and Address of New Registered Agent						
DE MENDOZA, MARIO O M							Name Mario G. de Mendoza, III, P.A.						
COLUMN TO THE TAXABLE PARTY.						Street Address (P.O. Box Number is Not Acceptable) 12765 Forest Hill Blvd.							
	NCU EL 224				City	Suite 1302				Zin Code			
							Welli	Wellington $\mathbf{FL}$ $\begin{vmatrix} Z_{ip} 0 \\ 334 \end{vmatrix}$					
8. The above the obligat	e named entity tions of regis	subplits this statement to replagent.	the purpo						ent, or both, in the State of Florid			and accept	
SIGNATURE	Signature, type-	or printed name of coglistered agorn	and title if appli			e Meno d Agent signat			I, President	1/15/( DATE	)3	<u>-</u> -	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00									9. Election Campaign Finan			May Be	
Make Check Payable to Florida Department of State									Trust Fund Contribution.		Added	to Fees	
10.		OFFICERS AND		20	11.				DITIONS/CHANGES TO OFFICE	BS AND D	IDECTORS	IN 11	
	AS	OF ICERS AND	DIRECTO				AS	700	official/changes to office				
TITLE NAME		OZA MARIO GIII		☐ Delete	TITLE			anda	van Mario C III	_	Change	☐ Addition	
STREET ADDRESS	DE MENDOZA, MARIO G III  DDRESS 251 ROYAL PALM WAY			STRI			de Mendoza, Mario G. III   12765 Forest Hill Blvd., Suite 1302						
CITY-ST-ZIP	m			CITY					on FL 33414	DUILL	1502	}	
TITLE	PST			☐ Delete	TITLE		PST				Change	Addition	
NAME	TARNOPOL, MICHAEL L			NAM.			Tarnopol, Michael L.						
STREET ADDRESS				STRE			ss 12765 Forest Hill Blvd., Suite 1302				1		
CITY-ST-ZIP	PALM BEACH FL			CITY-			1	Vellington FL 33414					
TITLE	D			☐ Delete	· TITLE		D	·	and the second second	_: <u>-</u> X	Change	Addition ·	
NAME		L, MICHAEL L			NAME	E			, Michael L.			J	
STREET ADDRESS		L PALM WAY			1	ET ADDRESS			rest Hill Blvd.,	Suite	1302		
CITY-ST-ZIP	<u>Palm Bea</u>	CH FL			CITY-	-ST-ZIP	Welli	ingt	on FL 33414				
TITLE	AS			🔀 Delete	TITLE					ū	Change	☐ Addition	
NAME	WILKINSO				NAME								
STREET ADDRESS CITY-ST-ZIP	PALM BEA	L PALM WAY				et address -St-Zip							
	ALM DEA	OITTE .		□ <b>N</b> ./ :	1-		-				7 Chr		
TITLE NAME				☐ Delete	TITLE					L	Change	☐ Addition	
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP				-		-ST-ZIP	1						
TITLE			- ,	☐ Delete	TITLE		1			Г	Change	Addition	
NAME					NAME		ĺ			_			

STREET ADDRESS

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

**FILED** Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90162 018 \*\*\*150.00

(212) 272-3765

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

ICER OR DIRECTOR President

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

Daytime Phone #