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

DOCUMENT #

P94000011013

1. Entity Name

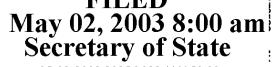
MARK QUINN INCORPORATED



Principal Place of Business Mailing Address 1013 MARGARET ST 1013 MARGARET ST KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0464955 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FARRELLY, GREGORY G Street Address (P.O. Box Number is Not Acceptable) C/O CATALFOMO & FARRELLY **506 LOUISA STREET** KEY WEST FL 33040 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!- FEE-IS-\$150:00-9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition TITLE ☐ Delete NAME QUINN, MARK ESQ NAME STREET ADDRESS STREET ADDRESS 1013 MARGARET ST CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIF ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

05-02-2003 90356 032 ***150.00



12.	I hereby c	certify that the information supplied with this filing does not qualify for the	e exemption stat	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
	of the corp	rporation or the receiver or trustee empowered to execute this report as	signature shall ha required by Cha	ave the same legal effect as if made under oath; that I am an officer or director opter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
	changed,	d, or on an attachment with an address, with all other like empowered.		

CITY-ST-ZIP

SIGNATURE:

