

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90745 033 ***150.00

DOCUMENT # P94000014540

1. Entity Name
QUARTERS INC.



Principal Place of Business
**4421 N.W. 36 DRIVE
GAINESVILLE FL 32605-5424
US**

Mailing Address
**4421 N.W. 36 DRIVE
GAINESVILLE FL 32605-5424
US**



2. Principal Place of Business

4613 OAK HAMMOCK COURT

3. Mailing Address

4613 OAK HAMMOCK COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HARBOUR VILLAGE

HARBOUR VILLAGE

City & State

City & State

PONCE INLET, FL.

PONCE INLET, FL.

Zip

Country

32127

USA

Zip

Country

32127

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3226671

Applied For

Not Applicable

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

REGAN, DONALD J

4421 N.W. 36 DRIVE

GAINESVILLE FL 32605-5424

Name

Street Address (P.O. Box Number is Not Acceptable)

HARBOUR VILLAGE

4613 OAK HAMMOCK COURT

City

PONCE INLET

FL

Zip Code

32127

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **REGAN, DONALD J**
STREET ADDRESS **4421 N.W. 36 DRIVE**
CITY-ST-ZIP **GAINESVILLE FL 32605-5424**

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

TITLE **VTSD** ☐ Delete
NAME **REGAN, LAURE K**
STREET ADDRESS **4421 N.W. 36 DRIVE**
CITY-ST-ZIP **GAINESVILLE FL 32605-5424**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

386 7880604

Date

Daytime Phone #

CR2F034 (10/02)