2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **P94000057535** 1. Entity Name QUICK CLIP, INC. 01-18-2000 90036 001 ***150.00 Principal Place of Business Mailing Address 999 NW 53RD CT 999 NW 53RD CT FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33069-1230 σ 2. Principal Place of Business 3. Mailing Address 2280 W. Copans 2280 W. Copans Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0510267 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired PJOEE למים בט בעים P J 0EE Browward Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOYLE, BERNARD T Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA, 1602 NATIONSBANK TOWER FT LAUDERDALE FL 33394 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DEVP DEVP TITLE ☐ Delete TITLE M Change Addition Pike, Robert NAME PIKE, ROBERT NAME 2280 W. Copano Rd STREET ADDRESS 999 NW 53RD CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 730U9 DCEO TITLE ☐ Delete TITLE Addition STRUVE, DAVID C NAME Strave, David C NAME 999 NW 53RD CT STREET ADDRESS STREET ADDRESS LA smoved . W OBEK CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-7IP PUCEE TITLE --- Delete -----TITLE TZ C - Change STRUVE, JULIE NAME NAME Strawe Julia C STREET ADDRESS 999 NW 53RD CT STREET ADDRESS 2280 W. Copans CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 700EE TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.