## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

P94000080835 **DOCUMENT #** 

KEVIN QUINN & ASSOCIATES, INC.



## **FILED** Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90178 038 \*\*\*150.00

NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS														
Suno, April 4, and C.  Sulto,	13906 CHERRY DALE LANE				13906 CHERRY DALE LANE									
Cry & Slate  Cry &	2. Principal F	Place of Busin	ness	<b>3.</b> Mai	3. Mailing Address						5			
Zip Country Zip Country S, Construct Degree   S8.75 Additional Power Applicable   S8.75 Additional Power Applicable   S8.75 Additional Power Pow	Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
B. The analyst Address of Current Registered Agent    City	City & Stat	e		City	City & State				59E3276375					
Name   Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable (P.O. Box Number is Not Acceptable (P.O. Box Number is Not Acceptable (P	Zip									<u>.</u>		Fee Require		
OUINN, KEVIN 13090C CHERRY DALE LANE TAMPA FL 33618  City FL Zip Code  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Fill NOW!!! FEE IS 5150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OUINN, KEVIN  13096 CHERRY DALE LANE  TITLE  OUINN, KEVIN  13096 CHERRY DALE LANE  TAMPA FL 33618  TITLE  OUINN, MARYLU  SIREFLADORSS  OTY-ST-2P  TITLE  OUINN ARAPL  13096 CHERRY DALE LANE  TAMPA FL 33618  TITLE  OUINN ARAPL  OTY-ST-2P  TITLE  OUINN ARAPL  SIREFLADORSS  OTY-ST-2P  TITLE  OUINN ARAPL  SIREFLADORSS  OTY-ST-2P  TITLE  OUINN ARAPL  SIREFLADORSS  OTY-ST-2P  TITLE  OUINN ARAPL  OTHER REGISTER ADDRESS  OTY-ST-2P  TITLE  OUINN ARAPL  OTHER ADDRESS  OTY-ST-2P  OTHER ADDRESS  OTY-ST-2P  OTHER ADDRESS  OTY-ST-2P  TITLE  OUINN ARAPL  OTHER ADDRESS  OTY-ST-2P  OTHER ADDRESS  OTY-ST-2P  OTHER ADDRESS  OTY-ST-2P  OTHER ADDRESS  OTY-ST-2P  OTHER		6. Name	and Address of Curren	Registere	ed Agent				7. N	lame and Address of New	Registered	Agent		
Stroot Address (**U. Box Number is Not Acceptable)	******						Name							
E. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fortida. I am familiar with, and accept the ootligations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$150.00	•		LANE					Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fortida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu	tampa fl	. 33618												
THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IN							City			FL Zip Code				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME CIPY-51-7P TAMPA FL 33618  ITILE D QUINN, KEVIN 33906 CHERRY DALE LANE TAMPA FL 33618  ITILE NAME SIREET ADDRESS CITY-51-2P  CHARGES CITY-51-2P  ITILE NAME SIREET ADDRESS CITY-51-2P  CHARGES CITY-51-2P  ITILE NAME SIREET ADDRESS CITY-51-2P  ITILE NAME SIREET ADDRESS CITY-51-2P  CHARGES CITY-51-2P  ITILE NAME SIREET ADDRESS CITY-51-2P  ITILE NAME SIREET ADDRESS CITY-51-2P  CHARGES CITY-51-2P  CHARGES SIREET ADDRESS CITY-51-2P  CH							ed office or	registere	d age	ent, or both, in the State of F	lorida. I am	familiar with,	and accept	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$55.00  Make Check Payable to Florida Department of State  10.	SIGNATURE .	<u> </u>						- '		<u> </u>				
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.		Signature, typed	or printed name of registered agen	t and title if app	olicable. (NOTE	: Registered	d Agent signati	ite tequired v	when rei	instating)	DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-S	After	May 1, 200	3 Fee will be \$550.00	of State		_								
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-S					l PRS	11.			AD	DITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-S		D				-	-			211101107011111111111111111111111111111				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		QUINN, KI	EVIN			NAME	_							
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHange Addition Addition Addition Addition Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	ADDRESS 13906 CHERRY DALE LANE					STREET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		. 33618			CITY-	-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP TITLE TIT		. –	A POVINTA		☐ Delete							Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP													ŀ	
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 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 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP														
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 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition	TITLE	74-1			☐ Delete	TITLE						Change	Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete 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 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 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME					NAME							ļ	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE OBlete TITLE OLDET TITLE OLDET TITLE OLDET TITLE OLDET TITLE OLDET TITLE OLDET TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OLDET OLDET TITLE OLDET OLDET TITLE OLDET O						•				`			]	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CONTACT TO THE CON						-								
STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TO CHANGE STREET ADDRESS CITY-ST-ZIP					☐ Delete	1						Change	Addition	
CITY-ST-ZIP  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  TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP		İ												
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  CHange Addition NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	CITY-ST-ZIP													
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  CHange Addition NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	TITLE				□ Delete	TITLE						☐ Change	Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	•											_ ,	-	
TITLE   Delete TITLE   Change Addition   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP	1					•							}	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			·	ىلىن ئىلىنىدىكىدىدىكىدىدىكىدىدىدىكىدىدىدىدىدىدىد	- CITY-	ST-ZIP -		ء -					
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	- 1				Delete							Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP														
						1								
		octify that it -	information average 4	this filles	door not muchting			nd in C+:	tio = 1	10.07/3\/(i). [[:-]	1 f	*16. ale = e.e!	form the	

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: