## FILED Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90111 046 \*\*\*150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000091312 1. Entity Name
QUICK CONSTRUCTION, DEVELOPMENT, AND
LEASING COMPANY Principal Place of Business Mailing Address 1955 BRENDA AVE PENSACOLA, FL 32506 1955 BRENDA AVE PENSACOLA, FL 32506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 59-3284460 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired  $\Box$ 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS, HAROLD 1966 BRENDA AVE Street Address (P.O. Box Number is Not Acceptable) PENSACOLA, FL 32606 Cit 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, oppositor unimed name of equipment augmn and title if equipment. (NOTE Provinces) Authorizantura electrical ettan ett PARE FILE NOW III FRESS \$150.00 P.

SILE After May 1, 2003 Fee Will be \$550,00

Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Change MORRIS, HAROLD NAME HALE STREET ADDRESS 1965 BRENDA AVE STREET ADDRESS PENSACOLA, FL 32506 CITY-ST-ZP CITY-ST-ZIP TOPE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZP CRY-51-2(P TITLE TRLE ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CRY-51-ZIP TITLE Delete 1ALE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete . TRLE Change " 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP City-St-2iP TITLE Delete TIFLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CHY-SI-ZP CffY-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 cash; 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: \( \square\)