

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90137 007 \*\*\*150.00

**DOCUMENT # P95000017034**

**1. Entity Name**  
**QUANTITATIVE DIAGNOSTICS, INC.**

**Principal Place of Business**

**550 E DAVIDSON**  
**BARTOW FL 33830**

**Mailing Address**

**550 E DAVIDSON**  
**BARTOW FL 33830**

**2. Principal Place of Business**

**510 S. Broadway**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**510 S. Broadway**  
 Suite, Apt. #, etc.

**City & State**

**Bartow, FL**

**Zip**

**33830**

**Country**

**USA**

**City & State**

**Bartow, FL**

**Zip**

**33830**

**Country**

**USA**

**4. FEI Number**

**59-3312632**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**WRIGHT, STEVEN R**  
**550 E DAVIDSON**  
**BARTOW FL 33830**

**7. Name and Address of New Registered Agent**

**Name**

**Paige Peacock**

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

**3090 Mission Oaks Trail**

**City**

**Bartow**

**FL**

**Zip Code**

**33830**

**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**  
**Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** **VTD** ☒ Delete  
**NAME** **WRIGHT, STEVEN R**  
**STREET ADDRESS** **550 E DAVIDSON**  
**CITY-ST-ZIP** **BARTOW FL 33830**

**TITLE** **PD** ☒ Delete  
**NAME** **MCCRANEY, DAVID**  
**STREET ADDRESS** **9212 MEADOWLAND COURT**  
**CITY-ST-ZIP** **TAMPA FL 33617**

**TITLE** **SD** ☐ Delete  
**NAME** **PEACOCK, PAIGE**  
**STREET ADDRESS** **3090 MISSION OAKS TR**  
**CITY-ST-ZIP** **BARTOW FL 33830**

**TITLE** **Vice Pres/Treasurer** ☐ Delete  
**NAME** **Kitchens, Judy**  
**STREET ADDRESS** **607 Old Dixie Hwy**  
**CITY-ST-ZIP** **Auburndale, FL 33823**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**TITLE** **President/Secretary** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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.**

**SIGNATURE:**

**Paige Peacock**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/02**

Date

Daytime Phone #

CR2E034 (9/01)