

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025186

1. Entity Name

QUADRUS CORPORATION

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90013 026 ***150.00

Principal Place of Business

1015-116 ATLANTIC BLVD.
381
ATLANTIC BEACH FL 32233
US

Mailing Address

1015-116 ATLANTIC BLVD
ATLANTIC BEACH FL 32233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3309663

Applied For

Not Applied

Zip

Country

Zip

Country

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

EIRAS, C. J
1015-116 ATLANTIC BLVD
ATLANTIC BEACH FL 32233

Name

MICHAEL EIRAS

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

1015-116 ATLANTIC BLVD

City

ATLANTIC BEACH

FL

Zip Code

32233

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]

MICHAEL EIRAS - PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/25/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete
NAME EIRAS, JAN P
STREET ADDRESS 12359 WESTHALL PL.
CITY-ST-ZIP WELLINGTON FL 33414

VPR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

VPS ☒ Delete
NAME EIRAS, CHRISTOPHER J
STREET ADDRESS 1015-116 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE BEACH FL 32233

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

P ☐ Delete
NAME EIRAS, MICHAEL J
STREET ADDRESS 5308 JEFFERSON ST.
CITY-ST-ZIP HOLLYWOOD FL 33021

PTS ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00
Date

954-981-9711
Daytime Phone #