

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054112

1. Entity Name
Q.E.D. ENTERPRISES, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90362 025 ***150.00

Principal Place of Business
1438 WEST LANTANA ROAD, UNIT 407
LANTANA FL 33462

Mailing Address
~~1438 WEST LANTANA ROAD, UNIT 407~~
~~LANTANA FL 33462~~

923876



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3590 S. Ocean Blvd.

Suite, Apt. #, etc.

#305

City & State
S. Palm Beach

4. FEI Number 65-0595144

Applied For
Not Applicable

City & State
Zip Country
33480 USA

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

BUDETTI, ROBERT P
3590 S OCEAN BLVD 305
S PALM BCH FL 33480

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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, 2001 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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
PSTD
BUDETTI, ROBERT P
1438 WEST LANTANA ROAD, UNIT 407
LANTANA FL 33462

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
3590 S. Ocean Blvd. #305
S. Palm Beach, FL 33480

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: Robert P. Budetti Robert P. Budetti 2/17/01 (561) 522-5630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)