

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097280

1. Entity Name
RICHARD QUAID, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90012 033 ***150.00

Principal Place of Business
2700 WESTHALL LN
STE 205
MAITLAND FL 32751-7203
US

Mailing Address
2700 WESTHALL LN
STE 205
MAITLAND FL 32751-7476
US

2. Principal Place of Business
220 Lookout Place

3. Mailing Address
220 Lookout Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 150

Suite 150

City & State
Maitland, FL

City & State
Maitland, FL

Zip
32751

Country

Zip
32751

Country

4. FEI Number
59-3352788

Applied For
Not Applicable

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

QUAID, RICHARD
2700 WESTHALL LN
STE 205
MAITLAND FL 32751

Name
Street Address (P.O. Box Number is Not Acceptable)
220 Lookout Place
Suite 150
City Maitland FL Zip Code 32751

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD QUAID, RICHARD 7220 BAY CLUB WAY ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ President 4-26-00 407-895-1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)