

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90072 018 \*\*\*150.00

<b>DOCUMENT #</b>		<b>P95000097280</b>	
<b>1. Entity Name</b> RICHARD QUAID, INC.			
<b>Principal Place of Business</b>  220 LOCKOUT PLACE STE 150 MAITLAND FL 32751 US		<b>Mailing Address</b>  220 LOCKOUT PLACE STE 150 MAITLAND FL 32751 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
QUAID, RICHARD 220 LOCKOUT PLACE STE 150 MAITLAND FL 32751			Name
			Street Address
			City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or register</b>			
<b>SIGNATURE</b> _____ <small>a. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of Sta</b>	
<b>11. OFFICERS AND DIRECTORS</b>			<b>12.</b>
TITLE NAME	PSD QUAID, RICHARD	<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS CITY-ST-ZIP	7220 BAY CLUB WAY ORLANDO FL 32835		STREET ADDRESS CITY-ST-ZIP
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP

[illegible]

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number <b>59-3352788</b>		Applied For	
						Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
<b>QUAID, RICHARD</b> <b>220 LOCKOUT PLACE</b> <b>STE 150</b> <b>MAITLAND FL 32751</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	<b>FL</b> 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center"><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2002 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSD QUAID, RICHARD</b> <b>7220 BAY CLUB WAY</b> <b>ORLANDO FL 32835</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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
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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (9/01)