

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90435 049 \*\*\*150.00

DOCUMENT # P96000012768

1. Entity Name

Quantum Density, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

671152

2. Principal Place of Business

1205 Cleburne Drive

3. Mailing Address

P.O. Box 7645

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

05-0668305

Applied For

Not Applicable

Zip

33919

Country

US

Zip

33911

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Johnson, Kimberly Leach

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

4501 Tamiami Trail, Suite 300

Suite 300

City

Naples

FL

Zip Code

33940

**DO NOT WRITE  
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

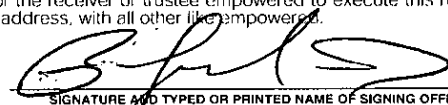
TITLE	S
NAME	SCHILANSKY, DOROTHY
STREET ADDRESS	1205 Cleburne Drive
CITY - ST - ZIP	Fort Myers, FL 33919
TITLE	P
NAME	Ronald D. Gardner
STREET ADDRESS	1205 Cleburne Drive
CITY - ST - ZIP	Fort Myers, FL 33919
TITLE	
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**DO NOT WRITE  
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13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron Gardner  
President

4/29/02 941-275 9369

Date

Daytime Phone #