## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## **FILED** DOCUMENT # **P96000027885** Mar 02, 2000 8:00 am **Secretary of State** QUICKSET, INC. 03-02-2000 90021 008 \*\*\*150.00 Mailing Address Principal Place of Business 44 POINT OF WOODS DR 44 POINT OF WOODS DR PALM COAST FL 32164-6761 PALM COAST FL 32164 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3369907 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAN MIDDLESWORTH, KEVIN Street Address (P.O. Box Number is Not Acceptable) 44 POINT OF WOODS DR PALM COAST FL 32164 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete VAN MIDDLESWORTH, KEVIN NAME NAME 44 POINT OF WOODS DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM COAST FL 32164 ☐ Change ☐ Addition ☐ Delete TITLE van, middlesworth J NAME NAME STREET ADDRESS 44 POINT OF WOODS DR STREET ADDRESS PALM COAST FL 32164 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.