

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048865

1. Entity Name

QUADRILLE D.L. IRIS, INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90084 049 ***150.00

Principal Place of Business
2501
2419 EAST COMMERCIAL BLVD.
SUITE 301 205
FT. LAUDERDALE FL 33308-4202

Mailing Address
2501
2419 EAST COMMERCIAL BLVD.
SUITE 301 205
FT. LAUDERDALE FL 33308-4042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0689758

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHERRY, RICHARD G
1665 PALM BEACH LAKES BLVD.
SUITE 600
W PALM BEACH FL

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

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) ☐

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 P
NAME STOCKAMORE, JOHN H
STREET ADDRESS 2419 E COMMERCIAL BLVD #301
CITY-ST-ZIP FT. LAUDERDALE FL 33308-4042 ☐ Delete

TITLE P
NAME Stockamore, John H III
STREET ADDRESS 2501 East Commercial Blvd - STE 205
CITY-ST-ZIP Ft, Lauderdale, FL 33308-4042 ☒ Change ☐ Addition

TITLE V
NAME STOCKAMORE, RICK N
STREET ADDRESS 2419 E. COMMERCIAL BLVD. #301
CITY-ST-ZIP FT. LAUDERDALE FL 33308-4042 ☐ Delete

TITLE V
NAME Stockamore, Rick N
STREET ADDRESS 2501 East Commercial Blvd. - STE 205
CITY-ST-ZIP Ft, Lauderdale, FL 33308-4042 ☒ Change ☐ Addition

TITLE V
NAME HOECKER, JOHN H
STREET ADDRESS 234 S. OCEAN BLVD
CITY-ST-ZIP MANALAPAN FL 33462 ☐ Delete

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

TITLE ST
NAME WILMERING, KENT
STREET ADDRESS P.O. BOX 2011 N/A
CITY-ST-ZIP WEST PALM BEACH FL 33402 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

3/14/00 954-491-0100