## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P96000056913 **DOCUMENT #**

1. Entity Name

QUICKSILVER X.CHANGE, CO.



## **FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90284 047 \*\*\*150.00

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Principal Place of Business 5974-111TH PLACE PINELLAS PARK FL 33782		5974-	Mailing Address 5974-111TH PLACE PINELLAS PARK FL 33782			] UU				
2. Principal Place	of Business	3. Mai	3. Mailing Address			<u> </u> 				
Suite, Apt. #, et	E.	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	<del>,,</del> -	City	City & State			4. FEI Number 59-3394611 Applied For Not Applied			pplied For	
Zip	Country	Zip	Zip Country			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
6. Name and Address of Current Re						7. Name and Address of New Registered Agent				
				Name			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
ELMER, KURT			Street Addres			s (P.O. Box Number is Not Acceptable)				
5974-111TH P			Shoot Hadisə				·			<del></del>
PINELLAS PAR	RK FL 33,782									
, ,	1			City				FI	Zip Cod	le
the obligations	ed entity submits this st of registered agent.	atement for the purp	ose of changing its	registered office o	r register	ed agent,	, or both, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE	ture, typed or printed name of reg	istered agent and title if app	licable. (NOT	E: Registered Agent signa	ture required	when reinsta	iting)	DATE		····
<del></del>										
After Ma	NOW!!! FEE IS \$15 y 1, 2003 Fee will be yable to Florida Depa	\$550.00					<ol><li>Election Campaign F Trust Fund Contribution</li></ol>			00 May Be d to Fees
10.	OFFIC	ERS AND DIRECTO	RS	11.		ADDIT	IONS/CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
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50-		) }		NAME						
	ELLAS PARK FL			STREET ADDRESS CITY-ST-ZIP		_				
TITLE VP		·	☐ Delete	TITLE					Change	Addition
	MER, MARGARET F			NAME	<u> </u>					
	4-111TH PLACE			STREET ADDRESS						
	ELLAS PARK FL			CITY-ST-ZIP						- Adams
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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 10 or Block 11 if changed, or on an attachment with an address, with an other corporations.

SIGNATURE:

ALUUINED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR