

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080253

1. Entity Name
QUORION BUSINESS SYSTEMS, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90022 003 ***150.00

Principal Place of Business
1981 SALT MYRTLE LANE
ORANGE PARK FL 32073

Mailing Address
1981 SALT MYRTLE LANE
ORANGE PARK FL 32073

2. Principal Place of Business
3132 NW 63rd Street
Suite, Apt. #, etc.

3. Mailing Address
3132 NW 63rd Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, Florida
Zip
33496
Country

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4. FEI Number 59-3430222
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRUESCHOW, SUSAN
1529 WILD IRIS LANE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name GRUESCHOW, HORST
Street Address (P.O. Box Number is Not Acceptable)
3132 NW 63rd Street
City Boca Raton FL Zip Code 33496

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 GRUESCHOW, President Jan. 8th, 2001
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	GRUESCHOW, JOERG	1981 SALT MYRTLE LANE	ORANGE PARK FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	GRUESCHOW, HORST	3132 NW 63rd Street	Boca Raton, Florida 33496	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: GRUESCHOW Jan. 8th, 2001 561-241-8760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0446549

CR2E034 (10/00)