

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000104189

1. Entity Name
Q'ANTE GROUP, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90034 034 ***150.00

Principal Place of Business
804 N. BELCHER ROAD
CLEARWATER FL 34625

Mailing Address
804 N. BELCHER ROAD
CLEARWATER FL 34625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2705 SUNSET POINT RD
Suite, Apt. #, etc.
CLEARWATER, FL

3. Mailing Address
2705 SUNSET POINT RD
Suite, Apt. #, etc.

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

4. FEI Number 59-3423422
Applied For
Not Applicable

Zip Country
33759 US

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

ADELSON, RICHARD
804 N. BELCHER ROAD
CLEARWATER FL 34625

Name
ADELSON, RICHARD
Street Address (P.O. Box Number is Not Acceptable)
2705 SUNSET POINT RD
City
CLEARWATER FL Zip Code
33759

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 *Richard Adelson* RICHARD ADELSON, PRESIDENT 4/14/01
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME ADELSON, RICHARD ☐ Delete
STREET ADDRESS 804 N. BELCHER ROAD
CITY-ST-ZIP CLEARWATER FL 34625

TITLE PS
NAME ADELSON, RICHARD ☒ Change ☐ Addition
STREET ADDRESS 2705 SUNSET POINT RD
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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: *Richard Adelson* RICHARD ADELSON 4/14/01 791-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)