

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90147 009 ***158.75

DOCUMENT # P97000001084

1. Entity Name
DON QUINN DOCUMENT CONSULTATION SERVICE, INC.



Principal Place of Business
**6860 BEACH BLVD
JACKSONVILLE FL 32216-2821
US**

Mailing Address
**6860 BEACH BLVD
SUITE 147
JACKSONVILLE FL 32216-2821
US**

2. Principal Place of Business
101 CENTURY 21 DRIVE

3. Mailing Address
101 CENTURY 21 DRIVE

Suite, Apt. #, etc.
123

Suite, Apt. #, etc.
123

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-3421542

Applied For
☐ Not Applicable

Zip
32216

Country
USA

Zip
32216

Country
USA

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

**QUINN, DON
6860 BEACH BLVD
JACKSONVILLE FL 32216-2821**

Name

Street Address (P.O. Box Number is Not Acceptable)
101 CENTURY 21 DRIVE

SUITE 123

City
JACKSONVILLE

FL

Zip Code
32216

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD ☐ Delete
NAME
QUINN, DON
STREET ADDRESS
6860 BEACH BLVD
CITY-ST-ZIP
JACKSONVILLE FL 32216-2821

TITLE ☐ Change ☐ Addition
NAME
101 CENTURY 21 DRIVE SUITE 123
STREET ADDRESS
JACKSONVILLE, FL 32216
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

12. 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON QUINN PRESIDENT 04/10/03 (904) 721-3434

Date

Daytime Phone #

CR2E034 (10/02)