2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90315 018 ***150.00

DOCUMENT # P97000011433

1. Entity Name
QUATTRY COLLECTION, INCORPORATED

Principal Place of Business	Mailing Address
230 LOOKOUT PLACE, SUITE 200 MAITLAND FL 32751	230 LOOKOUT PLACE, SUITE 200 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9225 Ulmerton Road	9225 Ulmerton Rd.
Suite, Apt. #, etc. Suite #R	Suite, Apt. #, etc. Suite #R
City & State Largo, Florida	City & State Largo, Florida
Zip 33771 Country USA	Zip 33771 Country USA

4. FEI Number 59-3435241 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UNGALA
1624 ORCHARD GROVE AVE
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name: Ungala
Street Address (P.O. Box Number is Not Acceptable): 2900 N. Gulf Blvd. #104
City: Belleair Beach FL Zip Code: 33786

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 Ungala [signature] 4/13/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P UNGALA, 1624 ORCHARD GROVE AVE NEW PORT RICHEY FL 34655 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ungala 2900 N. Gulf Blvd. #104 Belleair Beach Fla. 33786 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] Ungala 4/24/2001 (727) 821-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #