

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028461

Entity Name

REFLECTION QUICK CUT, INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90099 006 \*\*\*150.00

Principal Place of Business Mailing Address  
53RD AVE P O BOX 1016  
BEACH FL 32966 VERO BEACH FL 32961-1016  
US

LUU30743



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address

Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **NOT APPLICABLE** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**DRITENBAS, JACK**  
**1542 -53RD AVE**  
**VERO BEACH FL 32966**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

The corporation is eligible to satisfy its Intangible  
Filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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**

## OFFICERS AND DIRECTORS

<b>P</b>	<input type="checkbox"/> Delete	<b>DRITENBAS, JACK</b> <b>1542 -53 AVE</b> <b>VERO BEACH FL 32966</b>
<b>ST</b>	<input type="checkbox"/> Delete	<b>DRITENBAS, DORIS</b> <b>1542 -53 AVE</b> <b>VERO BEACH FL 32966</b>
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 stated 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 applicable, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-2000 561-562-6476

CR2E034 (9/99)