

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076186

1. Entity Name

QUILL COMMUNICATIONS, INC.

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

02-16-2000 90132 025 \*\*\*150.00

Principal Place of Business

Mailing Address

4033 BAUNEE WAY  
ORLANDO FL 32812

4033 BAUNEE WAY  
ORLANDO FL 32812

B0020126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4033 BOUNCE

Suite, Apt. #, etc.

3. Mailing Address

4033 Bounce Drive

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

62-1729332

Applied For

Not Applicable

Zip

32812

Country

Zip

32812

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SNYDER, SONYA  
4033 BAUNEE WAY  
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name

SNYDER, SONYA

Street Address (P.O. Box Number is Not Acceptable)

4033 BOUNCE DRIVE

City

ORLANDO

FL

Zip Code

32812

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

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, 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

11. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	SNYDER, SONYA	
STREET ADDRESS	2732 CAYMAN WAY	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MATTERN, MARK	
STREET ADDRESS	2732 CAYMAN WAY	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, SONYA	
STREET ADDRESS	4033 BOUNCE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK MATTERN	
STREET ADDRESS	4033 BOUNCE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/2000 (407) 381-0012

CR2E034 (9/99)