

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90073 018 \*\*\*150.00

**DOCUMENT # P97000076186**

1. Entity Name

**QUILL COMMUNICATIONS, INC.**

Principal Place of Business

**4033 BAUNEE WAY Bounce Drive**  
**ORLANDO FL 32812**

Mailing Address

**4033 BAUNEE WAY Bounce Drive**  
**ORLANDO FL 32812**

2. Principal Place of Business

**4033 Bounce Drive**

3. Mailing Address

**4033 Bounce Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO FLORIDA**

City & State

**ORLANDO FLORIDA**

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 BOUNCE DRIVE**  
**ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 reinstalling)

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, 2002 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	4032 BOUNCE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MATTERN, MARK	
STREET ADDRESS	4033 BOUNCE DRIVE	
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	<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	
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 #

**2/5/02 407-381-0012 X2**

CR2E034 (9/01)