

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011433

1. Entity Name

E-Z QUICK LOANS, INC.

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90014 027 ***150.00

Principal Place of Business

434B EAST MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952

Mailing Address

434B EAST MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952

2. Principal Place of Business

124 EAST MERRITT ISLAND CSWY
Suite, Apt. #, etc.

3. Mailing Address

124 EAST MERRITT ISLAND CSWY
Suite, Apt. #, etc.

City & State

MERRITT ISLAND FL

City & State

MERRITT ISLAND FL

Zip

32952

Country

USA

Zip

32952

Country

USA

4. FEI Number

59-3492759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWARD, CYNTHIA B
434B EAST MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name

Cynthia B. Howard

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

124 EAST MERRITT ISLAND CSWY

City

MERRITT ISLAND

FL

Zip Code

32952

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, 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

TITLE PS
NAME HOWARD, CYNTHIA B
STREET ADDRESS 434B E. MERRITT ISLAND CSWY
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

Cynthia Howard

Cynthia Howard PRES.

Date

Daytime Phone #

321 455-2201

CR2E034 (10/00)