

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015470

1. Entity Name

QUANTUM CAPITAL PARTNERS, INC.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90006 016 ***150.00

Principal Place of Business

Mailing Address

~~% WILLIAM REED WEINSTEIN SCHIFINO & MANGIO~~
~~201 NORTH FRANKLIN ST. SUITE 2600~~
~~TAMPA FL 33602~~

~~% WILLIAM REED WEINSTEIN SCHIFINO & MANGIO~~
~~201 NORTH FRANKLIN ST. SUITE 2600~~
~~TAMPA FL 33602 5167~~

2. Principal Place of Business

339 S. Plant Avenue

Suite, Apt. #, etc.

3. Mailing Address

339 S. Plant Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3509337

Applied For

Not Applicable

Zip

33606

Country

USA

Zip

33606

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIFINO, WILLIAM J JR.

~~WILLIAMS REED WEINSTEIN SCHIFINO & MANGIONE~~
201 NORTH FRANKLIN ST., SUITE 2600
TAMPA FL 33602

Name

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

c/o Williams Reed Schifino & Mangione, PA

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 reinstating)

DATE

2/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete
NAME LASHER, STUART G
STREET ADDRESS 201 N FRANKLIN STREET, STE. 2650
CITY-ST-ZIP TAMPA FL 33602

TITLE DVP ☐ Delete
NAME BAERWALDE, ROBERT P JR
STREET ADDRESS 201 N FRANKLIN STREET, STE. 2650
CITY-ST-ZIP TAMPA FL 33602

TITLE DVPS ☐ Delete
NAME SCHIFINO, WILLIAM J JR
STREET ADDRESS 201 N FRANKLIN STREET, STE. 2650
CITY-ST-ZIP TAMPA FL 33602

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 339 S. Plant Avenue
CITY-ST-ZIP Tampa, FL 33606

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 339 S. Plant Avenue
CITY-ST-ZIP Tampa, FL 33606

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 339 S. Plant Avenue
CITY-ST-ZIP Tampa, FL 33606

TITLE ☐ Change ☒ Addition
NAME D /VP /T
STREET ADDRESS SIMMONS, JR., N. JOHN
CITY-ST-ZIP 339 S. Plant Avenue
Tampa, FL 33606

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Schifino, Jr. (813) 221-2626 or
Vice President/Secretary (813) 250-1999

2/28/00

Date

Daytime Phone #

CR2E034 (9/99)