FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P98000057367

SIGNATURE:

1. Entity Name QUADRA FINS STABILIZER, INC.						SEURETAR E VISION OF C 03 APR 21				<
	e of Business MINICA TERRACE 4997									
2. Principal F	Place of Business	3. Mailing A	ddress			,				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- 08/	91/09 900 CHECK HERE I			# 330°	u
City & State		City & State			05-084//91			plied For t Applicable	}	
Zip	Country	Zip	Co	untry	5. Certi	ficate of Status Desired		8.75 Add ee Required		
	6. Name and Address of Curren Y, MAGED DOMINICA TERRACE L 34997	Street Addres	4 6ED s (P.O. Box N	e and Address of New Re ME. TWAU Jumber is Not Acceptable) Dominic CA:	cs	Zip Code	97			
	named entity submits this statement lions of registered agent.	for the purpose o	f changing its regist	ered office or regis	tered agent,	or both, in the State of Flor	ida. I am far	niliar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Regist	ered Agent signature requi	ired when reinstat	ing)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department					Election Campaign Final Trust Fund Contribution	~		0 May Be to Fees	
10.	, OFFICERS AN	D DIRECTORS	1	1.	ADDITI	ONS/CHANGES TO OFFI	CERS AND D	IRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P METWILLY, MAGED 2981 SE DOMINICA TERRACE STUART FL 34997		N S	ITLE AME TREET ADDRESS ITY-ST-ZIP			[☐ Change	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N S	ITLE AME Treet address ITY-ST-ZIP				_ Change	Addition	CR2
NAME STREET ADDRESS CITY-ST-ZIP			N S	ITLE AME Treet Address ITY-ST-ZIP		J	, [Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N S	ITLE AME TREET ADDRESS ITY-ST-ZIP] Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			N. S	TLE AME TREET ADDRESS ITY-ST-ZIP] Change	☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment of the an address	th this filing does is true and accur wered to execu- with all other like	not qualify for the eate and that my sign ate and that my sign ate this eport as root emplower d.	xemption stated in nature shall have th juiled by Chapter 6	Section 119.0 e same lega 07, Florida S	07(3)(i), Florida Statutes. I effect as if made under o tatutes; and that my name	further certify ath; that I am appears in B	that the in an officer of llock 10 or	formation or director Block 11 if	



Gyro-Gale, Inc.

PH. 561-283-1711 Fax 561-334-3447

P.O. Box 2650 Stuart, FL 34995

TO: Ms. EULA Peterson

From: MAGGD HETWALLY.

Co: DINSION OF Corporations

Dote: 4/17/03

Dear Ms. Peterson: -

As per our convessation this afternoon, Please Juriel cuclised nt driftem Business Reports for both corporation owned by me: -

GYRO. GAL CORP. DOCUMENT \$ 557491

) QUADRA FINS STAB, Inc. Document # 798000057367

lost year we only received and single form for each corp. which was filed tailly (copies curlosed). The fu aguested was \$ 550 which was paid in Ay. 19, 2002.

Please apply \$150 to This year form as well as 130 to last year \$ refind the overpayment of \$250 for each.

Thank you So much for your help.

Best. Regards.

pert. Regords.