

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
 04-12-2000 90157 049 ***150.00

DOCUMENT # P98000082105

1. Entity Name
READY QUICK INC.

Principal Place of Business 2323 DEL PRADO BLVD..UNIT 7 CAPE CORAL FL 33990	Mailing Address 2323 DEL PRADO BLVD..UNIT 7 CAPE CORAL FL 33990-4611
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 65-0875998	Applied For <input type="checkbox"/> Not Applicable
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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

CARY, DAVID W
 1325-C DEL PRADO BLVD. S.
 CAPE CORAL FL 33990

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 _____ (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	<input type="checkbox"/> Delete
NAME	D ROBNOLTE, CAROL
STREET ADDRESS	3619 SE 17TH AVE.
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	<input type="checkbox"/> Delete
NAME	D ROBNOLTE, DOUGLAS
STREET ADDRESS	3619 SE 17TH AVE.
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	<input checked="" type="checkbox"/> Delete
NAME	D HUDEK, FRANKLIN R
STREET ADDRESS	2323 DEL PRADO BLVD..UNIT 7
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	<input checked="" type="checkbox"/> Delete
NAME	D HUDEK, BEVERLY M
STREET ADDRESS	2323 DEL PRADO BLVD..UNIT 7
CITY-ST-ZIP	CAPE CORAL FL 33990
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D ROBNOLTE, CAROL
STREET ADDRESS	3619 SE 17TH AVE
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/T/S/D DOUG ROBNOLTE
STREET ADDRESS	3619 SE 17TH AVENUE
CITY-ST-ZIP	CAPE CORAL FL 33904
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: Douglas Robnolte **DATE:** 4-5-2000 **DAYTIME PHONE #:** 542-8694

CP2E034 (9/99)