

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90107 004 \*\*\*150.00

**DOCUMENT # P99000030712**

1. Entity Name

**QUANTUM REAP SALES THE ULTIMATE VENDOR, INC.**

Principal Place of Business

Mailing Address

7730 BAY ST. SUITE 3  
 ST. PETERSBURG FL 33706

PO BOX 67153  
 ST PETERSBURG FL 33736-7153

2. Principal Place of Business

**7330 Bay Street**

Suite, Apt. #, etc.

**Suite 3**

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3569730**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BEGLEY, THOMAS F**  
**1950 FIRST AVENUE NORTH SUITE 227**  
**ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name

**Begley, Thomas F.**

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

**7330 Bay Street Suite 3**

City

**St. Petersburg**

**FL**

Zip Code

**33706**

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

*Thomas F. Begley*

**April 12, 2000**

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, 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BEGLEY, THOMAS F</b>	
STREET ADDRESS	<b>1950 FIRST AVENUE NORTH SUITE 227</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33713</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HUMBERT, ROBER</b>	
STREET ADDRESS	<b>1950 FIRST AVENUE NORTH SUITE 227</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33713</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Thomas F. Begley</b>	
STREET ADDRESS	<b>7330 Bay Street Suite 3</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33706</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Roger Humbert</b>	
STREET ADDRESS	<b>7330 Bay Street Suite 3</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33706</b>	
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:

*Thomas F. Begley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 12, 2000**

Date

**(727) 804-1594**

Daytime Phone #

CR29034 (9/99)