

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054689

1. Entity Name

QUANTUM PLANNING, INC.

(R)

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90005 012 ***150.00

Principal Place of Business

200 NORTH PIERCE ST STE 1A
TAMPA FL 33602

Mailing Address

200 NORTH PIERCE ST STE 1A
TAMPA FL 33602-5021

2. Principal Place of Business

320 W Kennedy
Suite, Apt. #, etc. # 550

3. Mailing Address

320 W Kennedy
Suite, Apt. #, etc. # 550

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3585731

Applied For

Not Applicable

Zip

33606

Country

Zip

33606

Country

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

STROUSE, JEFFREY B
200 NORTH PIERCE ST STE 1A
TAMPA FL 33602

Name

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

320 W Kennedy #550

City

Tampa

FL

Zip Code

33606

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]

Jeffrey B. Strouse, Pres

6/6/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS STROUSE, JEFFREY B
CITY-ST-ZIP 200 NORTH PIERCE ST STE 1A
TAMPA FL 33602

TITLE ☐ Change ☐ Addition
NAME 320 W Kennedy #550
STREET ADDRESS
CITY-ST-ZIP Tampa FL 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/6/00 (813) 251-5411

Daytime Phone #

CR2E034 (3/99)