

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062916

1. Entity Name

QUICKDRAW DESIGNS INCORPORATED

Principal Place of Business

626 OAKFIELD DR.  
BRANDON FL 33511

Mailing Address

626 OAKFIELD DR.  
BRANDON FL 33511-4854

2. Principal Place of Business

1451 Oakfield Drive

Suite, Apt. #, etc.

3. Mailing Address

1451 Oakfield Drive

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Brandon FL

4. FEI Number

593589098

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33511

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOORE, JOHNNY  
626 OAKFIELD DR.  
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

Moore, Johnny

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

1451 Oakfield Drive

City

Brandon

FL

Zip Code

33511

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

OWILL FEES \$150.00

2000 Filing Fee \$550.00

able to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME MOORE, JOHNNY  
STREET ADDRESS 626 OAKFIELD DR.  
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME Moore, Johnny  
STREET ADDRESS 1451 Oakfield Drive  
CITY-ST-ZIP Brandon, FL 33511 ☒ Change ☐ Addition

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

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

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

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 JAN 27 PM 2:42

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

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25 Jan 00 817  
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