

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Quote Bond Corporation

FILED

00 APR -5 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9652 Tavernier Dr.
Boca Raton, FL 33496

2. Principal Place of Business

1540 N. Powderline Rd.
Suite, Apt. #, etc.

3. Mailing Address

same
Suite, Apt. #, etc.

City & State

Pompano Beach, Fla.

Zip

33069

Country

USA

City & State

Zip

Country

6. Name and Address of Current Registered Agent

Geraldine Schild
9652 Tavernier Dr.
Boca Raton, FL 33069

4. FEI Number

65-095-0572

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Geraldine Schild

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

19163 Two River Lane

City

Boca Raton

FL

Zip Code

33498

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]

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	PD	<input type="checkbox"/> Delete
NAME	RANDY SCHILD	
STREET ADDRESS	9652 Tavernier Dr.	
CITY-ST-ZIP	Boca Raton, FL 33495	
TITLE	CD	<input type="checkbox"/> Delete
NAME	Gilbert Roenbier	
STREET ADDRESS	7000 E. Cypresshead Dr.	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Geraldine Schild	
STREET ADDRESS	19163 Two River Lane	
CITY-ST-ZIP	Boca Raton, FL 33498	
TITLE	MD	<input type="checkbox"/> Delete
NAME	Gerald Priga	
STREET ADDRESS	218 Via D'Este #1303	
CITY-ST-ZIP	Delray Beach, FL 33445	
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	Randy Schild	
STREET ADDRESS	19163 Two River Lane	
CITY-ST-ZIP	Boca Raton, FL 3349	
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		
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Daytime Phone #

(561) 451-0353

CR2E034 (9/99)