

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90376 025 ***150.00

0135633

DOCUMENT # P99000081107

1. Entity Name

QUOTE BOND CORPORATION

Principal Place of Business

**1540 N. POWERLINE RD.
POMPANO BEACH FL 33069**

Mailing Address

**1540 N. POWERLINE RD.
POMPANO BEACH FL 33069**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0950572**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHILD, GERALDINE
19163 TWO RIVER LANE
BOCA RATON FL 33498**

7. Name and Address of New Registered Agent

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

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SCHILD, RANDY
19163 TWO RIVER LANE
BOCA RATON FL 33498** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
ROSENBRIER, GILBERT
7000 E. CYPRESSHEAD DR
PARKLAND FL 33067** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SCHILD, GERALDINE
19163 TWO RIVER LANE
BOCA RATON FL 33498** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MD
PRIGAL, GERALD
218 VIA D'ESTE., #1303
DELRAY BEACH FL 33445** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MD
Prigal, Gerald
3300 NE 191st Street #1514
Aventura, FL 33180** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GILBERT ROSENBRIER**3/26/01**
Date**954-969-1599**
Daytime Phone #

CR2E034 (10/00)