

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90138 041 ***150.00

DOCUMENT # P99000081107

1. Entity Name
QUOTE BOND CORPORATION

Principal Place of Business
1540 N. POWERLINE RD.
POMPAÑO BEACH FL 33069

Mailing Address
1540 N. POWERLINE RD.
POMPAÑO BEACH FL 33069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1520 N. POWERLINE RD.
 Suite, Apt. #, etc.

3. Mailing Address
1520 N. POWERLINE RD.
 Suite, Apt. #, etc.

City & State
Pompano Bch, FL
 Zip
33069
 Country
USA

City & State
Pompano Bch, FL
 Zip
33069
 Country
USA

4. FEI Number **65-0950572**
 Applied For
 Not Applicable

5. 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 *Geraldine Schild* DATE 4/13/02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
<input checked="" type="checkbox"/> Delete	PD SCHILD, RANDY	19163 TWO RIVER LANE BOCA RATON FL 33498	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	CD ROSENBRIER, GILBERT	7000 E. CYPRESSHEAD DR PARKLAND FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	President	
<input type="checkbox"/> Delete	TD SCHILD, GERALDINE	19163 TWO RIVER LANE BOCA RATON FL 33498	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Secretary	
<input type="checkbox"/> Delete	MD PRIGAL, GERALD	3300 NE 191ST STREET, #1514 AVENTURA FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Chairman	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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: *Geraldine Schild* **SIGNATURE REQUIRED** 4/13/02 954-979-5990
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)