

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2002 90143 031 ***150.00

DOCUMENT # P99000093027

1. Entity Name
QUADRANT TECHNOLOGY, INC.

Principal Place of Business
217 PONTE VEDRA PARK DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address
POST OFFICE BOX 676
PONTE VEDRA BEACH FL 32004

2. Principal Place of Business
11655 CENTRAL PARKWAY

Suite, Apt. #, etc.
SITE 305

City & State
JACKSONVILLE FL

Zip
32224

Country
DUVAL

3. Mailing Address
11655 CENTRAL PARKWAY

Suite, Apt. #, etc.
SITE 305

City & State
JACKSONVILLE FL

Zip
32224

Country
DUVAL



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3604815

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FAIRBANKS, RANDAL C
217 PONTE VEDRA PARK DRIVE
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name
BETH W. PATTERSON CPA
 Street Address (P.O. Box Number is Not Acceptable)
1304 GLENGARRY ROAD
 City
JACKSONVILLE FL FL 32207

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 Beth W. Patterson
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/6/02

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CEO
LEMIRE, JOSEPH
12938 PLANTERS CREEK CIRCLE
JACKSONVILLE FL 32224 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
PINCOMB, MYRON
4398 RIPKEN CIRCLE E
JACKSONVILLE FL 32224 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
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☐ Delete

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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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:

Joseph R Lemire
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02
 Date

904-998-1918
 Daytime Phone #

CR2E034 (9/01)