2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2001 8:00 am DOCUMENT # **P99000096579** Secretary of State 1. Entity Name QUICK DRAW CONSTRUCTION INC. 02-28-2001 90115 039 ***150.00 Principal Place of Business Mailing Address 2728 RUNYON CIR 2728 RUNYON CIR 925412 ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-3616069 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORO, RUBEN D Street Address (P.O. Box Number is Not Acceptable) 7345 SAND LAKE RD STE 201 ORLANDO FL 32819 City Zin Cade 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 (NOTF: Registered Agent signature required when reinstating) DA.F FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) **PVST** BUTIL Delete TITLE Change Addition LACERDA, SANDRO M NAME NAME STREET ADDRESS STREET ADDRESS 2728 RUNYON CIR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 33819 ☐ Change Addition TITLE Delete NAME LACERDA, SANDRO M STREET ADDRESS STREET ADDRESS 2728 RUNYON CIR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 33819 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE C!TY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition DILE NAME NAM8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Chance Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZP 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 eath; 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

SIGNATURE:

changed, or on an attachmen,

NTED NAME OF SIGNING OFFICER OR DIRECTOR

ith an address, wi

n all other like empowered.

12-23-01