2002 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or sup of the corporation or the rece changed, or on an attachmen

SIGNATURE:

Mar 13, 2002 8:00 am § DOCUMENT # P99000096579 **Secretary of State** 1. Entity Name 03-13-2002 90084 044 ***150 00 QUICK DRAW CONSTRUCTION INC. Principal Place of Business Mailing Address 2728 RUNYON CIR 2728 RUNYON CIR ORLANDO FL 32837 ORLANDO FL 32837 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-3616069 Not Applicable Country 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 Zip Code 6,1 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) Change ☐ Addition ☐ Delete TITLE TITLE LACERDA, SANDRO M NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS 2728 RUNYON CIR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 33819 ☐ Delete TITLE Change Addition TITLE NAME NAME LACERDA, SANDRO M STREET ADDRESS STREET ADDRESS 2728 RUNYON CIR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 33819 ☐ Delete TITLE [] Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 blemental 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 er 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