

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90079 040 ***150.00

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DOCUMENT # P99000101679

1. Entity Name

MEGAQUOTE, INC.



Principal Place of Business

**1043 ADAMS STREET
HOLLYWOOD FL 33019**

Mailing Address

**1043 ADAMS STREET
HOLLYWOOD FL 33019**

2. Principal Place of Business

3. Mailing Address

16211 NE 18 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami Beach FL

Zip

Country

33162

Country

USA

4. FEI Number

65-0964546

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BAIRD, STEVEN K ESQ.
6301 BISCAYNE BOULEVARD
SUITE 208
MIAMI FL 33138**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM NORRIS, IAN 1043 ADAMS STREET HOLLYWOOD FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00003

Date

954 699 9690

Daytime Phone #

CR2E034 (4/03)

Attachments

FREISTAT & LIEBMAN

Certified Public Accountants, LLC

16211 N.E. 18th Avenue • North Miami Beach, Florida 33162 • (305) 945-4151 • Telecopier 945-1215

Warren Freistat, C.P.A.
Mark A. Liebman, C.P.A.

Members:
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

August 5, 2003

Division of Corporation
Uniform Business Report Filings
P.O.Box 1500
Tallahassee, Florida 32302-1500

Re: Megaquote, Inc.
65-0964536
UBR - 2003

To Whom It May Concern:

We represent the above referenced taxpayer. The taxpayer received the second notice but did not receive the first filing form, which was due May 1, 2003.

The taxpayer believes that the original form was inadvertently discarded before the appropriate corporate officer reviewed same.


There was no willful attempt to avoid the timely filing and remittance of the Annual Report and fee.

We respectfully request you accept the enclosed check for \$150.00 as full payment and waive the penalty for this singular filing delinquency.

Thank you for your consideration in this matter.

Very truly yours,

FREISTAT & LIEBMAN
CERTIFIED PUBLIC ACCOUNTANTS, LLC


Warren Freistat
Certified Public Accountant

WF:bf
Enclosures