EII ED

## 2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P99000109995  1. Entity Name  QUANTERA ENERGY RESOURCES, INC. |  |  |   |                                  | Jan 22, 2001 8:00 am<br>Secretary of State<br>01-22-2001 90099 003 ***150.00 |   |                          |                        |
|--|--|--|---|----------------------------------|--|---|--------------------------|------------------------|
| Principal Plac<br>1720 S.W. 78TH<br>GAINESVILLE FL                       | ST.  | Mailing Address<br>1720 S.W. 78TH ST.<br>GAINESVILLE FL 32607    |   |                                  |  |   |                          |                        |
|  | lace of Business  Newberry Rd  | 3. Mailing Address   |   |                                  |  |   |                          |                        |
| Suite, Apt.  |  | Suite, Apt. #, etc.  |   |                                  | DO NOT WRITE IN THIS SPACE   |   |                          |                        |
| City & State Caunes Wille FL   |  | City & State   |   |                                  | 4. FEI Number APPLIED FOR Applied For  |   |                          |                        |
| Zip  | Country Country  | Zip  | Country   |                                  | 5. Certificate of S  | Status Desired                                      | \$8.75 Ad<br>Fee Require |                        |
| 3260,  | 6. Name and Address of Current   | Registered Agent   |   |                                  | 7. Name and Ad   | dress of New Register                               |                          | ed / ±>=(+/            |
| ACKE<br>301 S  | CE, LAURA B<br>RMAN SENTERFITT<br>BRONOUGH STREET STE 200<br>AHASSEE FL 32301  |  | Street A  | Address (P<br>D N<br>Le<br>Anneo | D-4  |   | FL Zip Cog               | 607                    |
| SIGNATURE  9. This corpo  Tax filing r                                   | named entity symmits this statement for statement for statement for statement to be statement and statement and elects to do so. ia on back) | and title if applicable. (NOTI                                   | E: Registered Agent signa                             | .00<br>.550.00                   | when reinstating)  10. Election  Trust F                                     | on Campaign Financing<br>Fund Contribution.         | \$5.0                    | OO May Be<br>d to Fees |
| 11.  | OFFICERS AND   | DIRECTORS  | 12.   |                                  | ADDITIONS/CH   | ANGES TO OFFICERS                                   | AND DIRECTOR             | S IN 11                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    | PS<br>Anderson, John S<br>1720 S.W. 78th St.<br>Gainesville Fl 32607   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | 450<br>Fee                       | BIATTE<br>WILDW<br>WIEN N  | R<br>WAY #)<br>V 89401                              | ☐ Change                 | Addition               |
|  | VT<br>RAY, DONALD<br>7684 PRESERVATION ROAD<br>TALLAHASSEE FL 32312  | Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | Sec                              | - = 10 -70   | PREON<br>THE ST<br>FL 3.                            | Change                   | Addition               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    | TALLA POOLE 12 32312   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | CILLY                            | <u>(310=1)C</u>  |   | ☐ Change                 | Addition               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    |  | ☐ Delete   | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP              |                                  |  |   | ☐ Change                 | Addition               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 |                                  |  | - 0   | ☐ Change                 | ☐ Addition             |
| TITLE<br>NAME<br>STREET ADDRESS  |  | ☐ Delete   | TITLE<br>NAME<br>STREET ADDRESS                       |                                  |  |   | ☐ Change                 | Addition               |
| 13. I hereby of indicated  | certify that the information supplied with<br>on this report or supplemental report is<br>poration or the receiver or tratee empo            | this filing does not qualify for<br>true and accurate and that r | CITY-ST-ZIP  r the exemption sta nv signature shall l | ated in Sec                      | tion 119.07(3)(i), F   | florida Statutes. I further if made under oath: the | certify that the i       | nformation             |

SIGNATURE: JULY JOHN S. ANDRESS 1/12/01 352-336-9508