

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90192 004 \*\*\*150.00

**DOCUMENT # P99000109995**

**1. Entity Name**  
**QUANTERA ENERGY RESOURCES, INC.**

**Principal Place of Business**  
**5200 NEWBERRY RD**  
**D-4**  
**GAINESVILLE FL 32607**

**Mailing Address**  
**1720 S.W. 78TH ST.**  
**GAINESVILLE FL 32607**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**CR 25 A**  
**Suite, Apt. #, etc.**  
**LAKE CITY**  
**City & State**  
**LAKE CITY FL**  
**Zip**  
**32056**  
**Country**

**3. Mailing Address**  
**9248 NW 26th Ave**  
**Suite, Apt. #, etc.**  
**Gainesville FL**  
**City & State**  
**Gainesville FL**  
**Zip**  
**32606**  
**Country**

**4. FEI Number** **APPLIED FOR**  
**59-3121458**  
**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KIRKPATRICK, STEWART**  
**5200 NEWBERRY RD.**  
**STE D-4**  
**GAINESVILLE FL 32607**

**7. Name and Address of New Registered Agent**

**Name** **JOHN S. ANDERSON**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**9248 NW 26th Ave**  
**City** **Gainesville** **FL** **Zip Code** **32606**

**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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE** **7/5/02**

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ANDERSON, JOHN S</b>	
<b>STREET ADDRESS</b>	<b>1720 S.W. 78TH ST.</b>	
<b>CITY-ST-ZIP</b>	<b>GAINESVILLE FL 32607</b>	
<b>TITLE</b>	<b>VT</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BLATTER, C. LEE</b>	
<b>STREET ADDRESS</b>	<b>RT. 13, BOX 2025</b>	
<b>CITY-ST-ZIP</b>	<b>LAKE CITY FL 32055</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ANDERSON, CORAL</b>	
<b>STREET ADDRESS</b>	<b>1720 SW 78TH ST</b>	
<b>CITY-ST-ZIP</b>	<b>GAINESVILLE FL 32607</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BLATTER, ANGELA</b>	
<b>STREET ADDRESS</b>	<b>RT. 13, BOX 2025</b>	
<b>CITY-ST-ZIP</b>	<b>LAKE CITY FL 32055</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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:** *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



Attachment  
# P99000109995  
BD129246

July 9, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I did not receive this notice prior to June 7 to avoid the assessment of the penalty. It was sent to the wrong address and therefore I didn't receive it until July 3. I am requesting that you void the penalty. I have enclosed a check in the amount of \$150.00.

Thank you for your consideration of this matter.

Sincerely,

Angie Blatter, bookkeeper

Quanter Energy Resources, Inc.  
P.O. Box 2587, Lake City, FL 32056  
Phone: (386) 755-0247