## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 21, 2001 8:00 am **DOCUMENT # \$33686 Secretary of State** 1. Entity Name QUANTA CORPORATION 02-21-2001 90035 043 \*\*\*150.00 Principal Place of Business Mailing Address 629 JUPITER HARBOR 629 JUPITER HARBOR 1000 N. U.S HWY ONE 1000 N. U.S HWY ONE B0017108 JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address 8 cranes 8 CRIMNES NEST NEST Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3052731 SEWALL'S POINT sewall's Point Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AHAN, RICK STEPHAN, RICK **629 JUPITER HARBOR** 1000 N. U.S. HWY ONE JUPITER FL 33477 SEWALUS POINT bifilits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE Signature, typed or printed name of registered agent and titl (NOTE: Registered Agent signature required when reinstating) 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete TITLE Change STEPHINN, PICIC NAME STEPHAN, RICK NAME STREET ADDRESS 8 aranes nest fl sewall's point, fl STREET ADDRESS 629 JUPITER HARBOR 1000 N US HWY 1 CITY-ST-7IP CITY-ST-2IP JUPITER FL 33477 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete \_ \_ \_\_\_ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the legal effect as if made under oath; that I am an officer or director director and the state of 13. I hereby certify that the information indicated on this report or suppler of the corporation or the receiver changed, or on an attachment