

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90490 005 ***150.00

DOCUMENT # V03873

1. Entity Name
QUANTUM FINE CASEWORK, INC.



Principal Place of Business
**3560 NW 53 COURT
FT LAUDERDALE FL 33309
US**

Mailing Address
**5180 NW 109 TERRACE
CORAL SPRINGS FL 33076
US**

2. Principal Place of Business
3245 MERIDIAN PARKWAY
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
WESTON, FL

City & State

4. FEI Number **65-0303460**

Applied For
Not Applicable

Zip **33331** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBBINS, EDWARD S ESQ
800 SE 3RD AVE
STE 300
FT LAUDERDALE FL 33316**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **MCGOVERN, JEFF**
CITY-ST-ZIP **5180 NW 109 TERRACE
CORAL SPRINGS FL 33076**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BOURNE, WILLIAM H JR**
CITY-ST-ZIP **5210 RIVIERA DR.
CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03 **954 735 800 x14**
Date Daytime Phone #

CR2E034 (10/02)