

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V14451

1. Entity Name
QUICK-CHECK, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90096 049 ***150.00

Principal Place of Business
1200 BLUEFOX PI
C103
PENSACOLA FL 32514
US

Mailing Address
1200 BLUEFOX PI
C103
PENSACOLA FL 32514-1636
US

800460410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1200 Bluefox PI
Suite, Apt. #, etc.

3. Mailing Address
1200 Bluefox PI
Suite, Apt. #, etc.

City & State
Pensacola FL

City & State
Pensacola FL

Zip
32514

Country
US

Zip
32514

Country
US

4. FEI Number 59-3106254

Applied For
Not Applicable

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

ELIASON, JAMES
1200 BLUEFOX PI
PENSACOLA FL 32514

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.

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ELIASON, TRISHA	
STREET ADDRESS	1200 BLUE FOX PI	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ELIASON, JAMES	
STREET ADDRESS	1200 BLUEFOX PI	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)