2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State
02-07-2003 90046 025 ***150.00

DOCUMENT # V14451

1. Entity Name
QUICK-CHECK, INC.

Principal Place of Business	Mailing Address
9270 UNIVERSITY PKWY	PO BOX 7027
STE 105	PENSACOLA FL 32534
PENSACOLA FL 32514	US
US	

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	9270 University Pky
Suite, Apt. #, etc.	Suite, Apt. #, etc. 105
City & State	City & State Pensacola FL
Zip / Country	Zip 32514 / Country Escambia

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

ELIASON, JAMES
1200 BLUEFOX PI
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

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 [signature] Eliason VP 2-4-03
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ELIASON, TRISHA 1200 BLUE FOX PI PENSACOLA FL 32514	☐ Delete	VP Eliason, Trisha 9270 University Pkwy STE 105 Pensacola FL 32514	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ELIASON, JAMES 9270 UNIVERSITY PKWY STE 105 PENSACOLA FL 32514	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 REQUIRED 2-4-03 850-857-7751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)