

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001177

1. Entity Name

QUALITY LIFE SERVICES, LTD.

Principal Place of Business

2121 GRAND HARBOR BOULEVARD
VERO BEACH FL 32967

Mailing Address

2121 GRAND HARBOR BOULEVARD
VERO BEACH FL 32967-7216

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3755 7th Terrace
Suite 301
Vero Beach, FL 32960

4. FEI Number

65-0449360

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

~~WIDELL DOUGLAS J~~

2121 GRAND HARBOR BLVD
VERO BEACH FL 32967

Name

PETER J. HENN

Street Address (P.O. Box Number is Not Acceptable)

2121 GRAND HARBOR BLVD

City

VERO BEACH

FL

32967

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

[Signature]

PETER J. HENN

4/20/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$9,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P93000078213
NAME QUALITY LIFE SERVICES, INC.
STREET ADDRESS 2121 GRAND HARBOR BOULEVARD
CITY - ST - ZIP VERO BEACH FL 32967

STREET ADDRESS

CITY - ST - ZIP

200003271252-1

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature]
PETER J. HENN
PRESIDENT

4/20/00

561-778-0180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #