2000 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P97000021558** J.W. QUALITY BUILDERS INC. 04-17-2000 90058 022 ***150.00 Mailing Address Principal Place of Business ... AMARYLLIS COURT 1180 AMARYLLIS COURT ___ FL 33414 WELLINGTON FL 33414-8505 U00000000 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0782679 Not Applicable Country Country Zip \$8.75 Additional Zip. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WANSER, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1180 AMARYLLIS COURT **WELLINGTON FL 33414** Zip Code 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, 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 This corporation is eligible to satisfy its Intangible 10.=Election Campaign Financing . \$5.00-May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. PO Change ☐ Addition ☐ Delete TITLE WANSER, JOSEPH NAME STREET ADDRESS - rooming 1180 AMARYLLIS COURT CITY-ST-ZIP ST-ZIP **WELLINGTON FL 33414** Addition ☐ Change ☐ Detete TITLE NAME STREET ADDRESS · · » Palatic égé CITY-ST-ZIP ST ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS · · · ATHINDEQQ CITY-ST-ZIP ST. 7IP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS *********** CITY-ST-ZIP ST-ZIP Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

4-10-2000 561 795 0129

Date Daytime Phone #