

**2002 UNIFORM BUSINESS REPORT (UBR)**

4/3

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90030 046 \*\*\*150.00

**DOCUMENT # P97000070826**

1. Entity Name

**QUALITY ELECTRIC OF CENTRAL FLORIDA, INC.**

Principal Place of Business

**304 EAST LANSLOWNE AVENUE  
 ORANGE CITY FL 32763**

Mailing Address

**304 EAST LANSLOWNE AVENUE  
 ORANGE CITY FL 32763**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Sulte, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3475691**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WODZ, MARK  
 304 E. LANSLOWNE AVENUE  
 ORANGE CITY FL 32763**

7. Name and Address of New Registered Agent

Name **SPIEGEL & UTRERA, P.A. LAWYERS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**343 Almeria Ave**  
 City **Coral Gables** FL Zip Code **33134**

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

*Mark A. Wodz* *Mark A. Wodz*

**4/14/02**

Signature, typed or printed name of registered agent and use applicable.

(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, 2002 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

TITLE NAME	PSTD WODZ, MARK A	<input type="checkbox"/> Delete
STREET ADDRESS	304 EAST LANSLOWNE AVENUE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE NAME	V WODZ, DIANNE J	<input type="checkbox"/> Delete
STREET ADDRESS	304 E. LANSLOWNE AVE.	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Mark A. Wodz* *Mark A. Wodz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/02**

**386-724-7770**

DATE Daytime Phone #

CR2E034 (9/01)