

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91070 016 ***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

304-E. LANSLOWNE AVE.

3. Mailing Address

304-E. LANSLOWNE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N.A.

N.A.

City & State

ORANGE CITY, FLA.

City & State

ORANGE CITY, FLA.

Zip

32763

Country

U.S.A.

Zip

32763

Country

U.S.A.

6. Name and Address of Current Registered Agent

SPIEBEL, UTRERA
343 ALMERIA AVE
MIAMI FL 33134

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

Mark A Wodz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

Date

386-774-7770

Daytime Phone #

CR2E034 (10/02)