2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000070826 **DOCUMENT #**

1. Entity Name

Principal Place of Business

ORANGE CITY FL 32763

304 EAST LANSDOWNE AVENUE

QUALITY ELECTRIC OF CENTRAL FLORIDA, INC. .



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

RIDA, INC.	03-17-2003 91070 016 ***150.00
Mailing Address 304 EAST LANSDOWNE AVENUE ORANGE CITY FL 32763	
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Principal Place of Business Address			<u> </u>	T I DOMINOU HIE TOWN BEATH BOWN EONN FORM ON THE TOWN FOR				
304-F. LANSCORINE AUC. Suite, Apt. #, etc.		Suite, Apt. #, etc.						
N.A.		N.A.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-3475691 Apr		Applied For		
OTANSC CITY, FIA.		OLANGE CITY, FIA.		39.)47309 I		lot Applicable	
Zip Country Zip 32763 U. S. A. 32763			Country U.S.A.	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Curren	t Registered Agent	No	7. Name and Address	of New Registered	Agent	
SPIEREI	ITPEPA	سر، ي. ميد سوجت	The state of the s	Name	ه از احداد دا سختیردست دو .	ي د د سيم د د		
SPIEBEL, UTRERA 343 Almeria ave			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL								
	. 00101			<u> </u>				
,		į.		City		FL		
8. The above	e named entity	y submits this statement f	or the purpose of changing its	s registered office or reg	stered agent, or both, in the	State of Florida. I am	familiar with,	and accept
trie obliga	tions of regist	ered agent.			•			
SIGNATURE	- 1.	<u> </u>						
<u>•</u>	Signature, typed	or printed name of registered agen	and title if applicable. (NO	TE: Registered Agent signature red	quired when reinstating)	DATE		
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State			mpaign Financing Contribution.		00 May Be d to Fees
10.		OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS ANI	DDIRECTOR	S IN 11
TITLE	PSTD		☐ Delete	TITLE	<u> </u>		☐ Change	☐ Addition
NAME	WODZ, MA		_	NAME			-	
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CITY-ST-ZIP				CITY-ST-7IP				

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 ke empowered.

SIGNATURE: