

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90013 001 ***150.00

DOCUMENT # 398263

1. Entity Name

QUALITY-BUILT HOMES, INC

Principal Place of Business

**7059 FORSHALEE
 PENSACOLA FL 32503**

Mailing Address

**7059 FORSHALEE
 PENSACOLA FL 32503**

2. Principal Place of Business

2145 DOVEFIELD DR.
 Suite, Apt. #, etc.

3. Mailing Address

2145 DOVEFIELD DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA FLORIDA

City & State

PENSACOLA FLORIDA

4. FEI Number

59-1389073

Applied For

Not Applicable

Zip

32534

Country

USA

Zip

32534

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MCCULLOUGH, MICHAEL C
 7059 FORSHALEE
 PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name **MCCULLOUGH, MICHAEL C.**

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

2145 DOVEFIELD DR.

City

PENSACOLA

FL

Zip Code

32534

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

Michael C. McCullough
MICHAEL C. MCCULLOUGH

(NOTE: Registered Agent signature required when reinstating)

4/14/01
 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, 2001 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 **P** ☐ Delete
 NAME **MCCULLOUGH, MICHAEL C.**
 STREET ADDRESS **7059 FORSHALEE**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **VST** ☐ Delete
 NAME **MCCULLOUGH, CAROL J.**
 STREET ADDRESS **7059 FORSHALEE**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **MCCULLOUGH, MICHAEL C.**
 STREET ADDRESS **2145 DOVEFIELD DR.**
 CITY-ST-ZIP **PENSACOLA, FLORIDA 32534**

TITLE **VST** ☒ Change ☐ Addition
 NAME **MCCULLOUGH, CAROL J.**
 STREET ADDRESS **2145 DOVEFIELD DR.**
 CITY-ST-ZIP **PENSACOLA, FLORIDA 32534**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 powers.

SIGNATURE:

Michael C. McCullough
MICHAEL C. MCCULLOUGH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01
 Date

850 478 1136
 Daytime Phone #

0032136

CR2E034 (10/00)