

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

0032136

**DOCUMENT # 398263**

1. Entity Name  
**QUALITY-BUILT HOMES, INC**

Principal Place of Business <b>7059 FORSHALEE                  PENSACOLA FL 32503</b>	Mailing Address <b>7059 FORSHALEE                  PENSACOLA FL 32503</b>
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2. Principal Place of Business <b>2145 DOVEFIELD DR.</b> Suite, Apt. #, etc.	3. Mailing Address <b>2145 DOVEFIELD DR.</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>PENSACOLA FLORIDA</b>	City & State <b>PENSACOLA FLORIDA</b>	4. FEI Number <b>59-1389073</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32534</b>	Country <b>USA</b>	Zip <b>32534</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>MCCULLOUGH, MICHAEL C                  7059 FORSHALEE                  PENSACOLA FL 32503</b>	7. Name and Address of New Registered Agent Name <b>MCCULLOUGH, MICHAEL C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2145 DOVEFIELD DR.</b> City <b>PENSACOLA</b> FL Zip Code <b>32534</b>
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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) DATE 4/14/01

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCCULLOUGH, MICHAEL C.</b> <b>7059 FORSHALEE</b> <b>PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCCULLOUGH, MICHAEL C.</b> <b>2145 DOVEFIELD DR.</b> <b>PENSACOLA, FLORIDA 32534</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST</b> <b>MCCULLOUGH, CAROL J.</b> <b>7059 FORSHALEE</b> <b>PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST</b> <b>MCCULLOUGH, CAROL J.</b> <b>2145 DOVEFIELD DR.</b> <b>PENSACOLA, FLORIDA 32534</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE 4/14/01 DAYTIME PHONE # 850 478 1136

CR2E034 (10/00)