

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 544485

1. Entity Name

QUALITY MILLWORK & SUPPLY COMPANY, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90052 045 \*\*\*150.00

Principal Place of Business

Mailing Address

2570 FRANKLIN STREET  
FT. MYERS FL 33901

2570 FRANKLIN STREET  
FT. MYERS FL 33901-5318

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

~~1505 Southeast 20th Avenue~~  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
Cape Coral, FL

4. FEI Number

59-1763056

Applied For

Not Applicable

Zip

Country

Zip

Country

33990

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDBERG, MORTON A.  
2201 MAIN STREET  
FT. MYERS FL 33902

Name

Ronald S. Simon

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

1342 Colonial Blvd., Suite C-22

Fort Myers, Florida 33907

City

FL

Zip Code

33907

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

Signature, typed or printed name of registered agent and title if 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, 2000 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 ☐ Delete  
NAME P  
STREET ADDRESS CANTOR, JULIUS  
CITY-ST-ZIP 14918 AMERICAN EAGLE CT.  
FT MYERS FL

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS CANTOR, JULIUS  
CITY-ST-ZIP 1505 Southeast 20th Avenue  
Cape Coral, Florida 33990

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS HARRIS, JAMES  
CITY-ST-ZIP 805 FRIENDLY ST  
N. FORT MYERS FL

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS HARRIS, JAMES  
CITY-ST-ZIP 805 FRIENDLY STREET  
N. FT. MYERS FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)