

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90830 034 ***150.00

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DOCUMENT # 595105

1. Entity Name

QUALITY MARINE CORPORATION



Principal Place of Business

**2241 COLUMBIA ST
FT LAUD FL 33326**

Mailing Address

**2241 COLUMBIA ST
FT LAUD FL 33326**

2. Principal Place of Business

3161 SW 23 CT

Suite, Apt. #, etc.

3. Mailing Address

3161 SW 23 CT

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

USA

Zip

33312

Country

USA

4. FEI Number

59-1863546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SULLIVAN, JAMES V

2241 COLUMBIA ST

FT LAUDERDALE FL 33326

7. Name and Address of New Registered Agent-

Name **JAMES V. SULLIVAN**

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

3161 SW 23 CT

City

FT. LAUDERDALE

FL

Zip Code

33312

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

James V. Sullivan

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 29, 2003

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

TITLE **PDS** ☐ Delete
NAME **SULLIVAN, JAMES V.**
STREET ADDRESS **2241 COLUMBIA ST**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

James V. Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2003

Date

(954) 770-1046

Daytime Phone #

CR2E034 (10/02)