

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A93000001177**

1. Entity Name
QUALITY LIFE SERVICES, LTD.



FILED

03 MAY -2 PM 7:52

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

RMJ

Principal Place of Business
**2121 GRAND HARBOR BOULEVARD
VERO BEACH FL 32967**

Mailing Address
**2121 GRAND HARBOR BOULEVARD
VERO BEACH FL 32967**



2. Principal Place of Business
3755 7th Terrace, S

3. Mailing Address
3755 7th Terrace

Suite, Apt. #, etc.
Suite 301

Suite, Apt. #, etc.
Suite 301

DUE BY MAY 1, 2003

City & State
Vero Beach, FL

City & State
Vero Beach, FL

4. FEI Number **65-0449360**

Applied For
☐ Not Applicable

Zip Country
32960 US

Zip Country
32960 US

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HENN, PETER J
2121 GRAND HARBOR BLVD
VERO BEACH FL 32967**

7. Name and Address of New Registered Agent

Name
Henn, Peter J.
Street Address (P.O. Box Number is Not Acceptable)
3755 7th Terrace, Suite 301
City
Vero Beach, FL 32967 FL 32967

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 the registered agent.

SIGNATURE **PETER J. HENN**

DATE

9. Capital Contributions
as Shown on record. **\$9,900.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P93000078213**
NAME **QUALITY LIFE SERVICES, INC.**
STREET ADDRESS **2121 GRAND HARBOR BOULEVARD**
CITY-ST-ZIP **VERO BEACH FL 32967**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **3755 7th Terrace, Suite 301**
CITY-ST-ZIP **Vero Beach, FL 32960**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **PETER J. HENN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

772-778-0180

CR2E003 (10/02)