

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

03-21-2001 90042 050 ***150.00

DOCUMENT # F00000001691 ✓

1. Entity Name

QS Technologies, Inc.

Principal Place of Business

1106 Bank of America
 Plaza
 7 N Laurens St.
 Greenville, SC 29601

Mailing Address

P.O. Box 847
 Greenville, SC 29602

2. Principal Place of Business

1106 Bank of America Plaza

3. Mailing Address

Suite, Apt. #, etc.
 P.O. Box 847

Suite, Apt. #, etc.

7 N Laurens St.

City & State

Greenville, SC

City & State

Greenville, SC

Zip

29601

Country

USA

Zip

29602

Country

USA

4. FEI Number

57-1074006

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System
 1201 Peachtree St. Team 3
 Atlanta, GA 30361
 1200 South Pine Island Road
 Plantation Florida 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 ☐ Delete

NAME Kevin Davidson
 STREET ADDRESS 1106 Bank of America Plaza
 CITY-ST-ZIP Greenville, SC 29601

TITLE ☐ Delete

NAME Bonnie Herron
 STREET ADDRESS 4355 Shackleford Road
 CITY-ST-ZIP Norcross, GA 30093

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 ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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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 empowered.

SIGNATURE: Kevin Davidson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-01 864-232-2666

Date

Daytime Phone #

CR2E034 (11/00)