2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

F00000005428

Mailing Address 2520 SOUTH 170TH STREET

1. Entity Name QUALINK, INC.

Principal Place of Business 2520 SOUTH 170TH STREET



FILED Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90090 015 ***150.00

WE TO	

PO BOX 510955 NEW BERLIN WI 53151-0955				PO BOX 510955 NEW BERLIN WI 53151-0955											
2. Principal P	lace of Busin	ess	3. Mai	3. Mailing Address					1 1 5 1 1		ila wwale wwelle i	14 111 111161 1 111	.) (1116	Jei (811 158)	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State	e		City	City & State			4	4. FEI Number 39-1758994					Applied For Not Applicable		
Zip	Country Zip C												5 Additequired		
	6. Name	and Address of Current	Register	ed Agent			7	7. Nam	e and A	ddress of Ne	w Registe	red Agent			
						Name									
C T CORP	PORATION :	SYSTEM				1									
		LAND ROAD				Street Address (P.O. Box Number is Not Acceptable)									
					\vdash										
PLANTATI	ON FL 333	24													
						City						FL Zi	p Code	1	
	named entity	v submits this statement for ered agent.	or the purp	oose of changing its r	egistered	office or	registered	agent,	or both,	in the State o	of Florida. 1	am familia	r with, a	and accept	
•															
SIGNATURE _	Signature typed	or printed name of registered agent	and title if and	plicable (NOTE:	Benistered A	cent signat	ure required who	en reinsta	tino)		D	ATÉ			
	Oignatare, typoo	or printed harro or registered agent	and and it app	T T		5 <i>5</i>									
		! FEE IS \$150.00							9. Elect	tion Campaig	n Financino	1	\$5.00	May Be	
		3 Fee will be \$550.00								t Fund Contrib	-	_		to Fees	
Make Check	Payable to	Florida Department o	f State												
10.		OFFICERS AND	DIRECTO	DRS	11.			ADDIT	IONS/C	HANGES TO	OFFICERS	AND DIRE	<u>CTORS</u>	IN 11	
TITLE	PTCD	MOTHIN O		Delete .	TITĻE	•		•	-			🗀 CI	nange	Addition	
NAME	BEFFA, TI			050	NAME										
STREET ADDRESS		H WOODS MILL ROAD	J, SUITE	350		ADDRESS		. •							
CITY-ST-ZIP		FIELD M0 63017		•	CiTY-S	T-ZIP									
TITLE	DAS			☐ Delete	TITLE							☐ C	hange	Addition	
NAME		I, RICHARD C			NAME										
STREET ADDRESS						ADDRESS									
CITY-ST-ZIP	CHESTER	FIELD MO 63017			CITY-S1	T-ZIP			·						
TITLE	D			☐ Delete _	TITLE		P/T/D			-	_	X C	hange	Addition	
NA M E	WELLER, GARY L						Gary L.			611 Dani	~-2	250			
STREET ADDRESS						ADDRESS	Chester	rtieli	d. MO	4i11 Road 63017	, surce	330	•		
CITY-ST-ZIP		FIELD MO 63017			CITY-S	T-ZIP		-1.1.1							
TITLE	VS			☐ Delete	TITLE								hange	☐ Addition	
NAME -		RICHARD N			NAME										
STREET ADDRESS		TH 170TH STREET			STREET	ADDRESS									
CITY-ST-ZIP	NEW BER	LIN WI 53151			CITY-ST	T-ZIP								,	
TITLE				Delete	TITLE		D	_	_			□ c	hange	X Addition	
NAME					NAME		Eric R	· FE	UCT	Mi11 ₽	ላ ሪጣተ	- 2E^		1	
STREET ADDRESS					STREET	ADDRESS	Cheste	uu! mfio	MUUUS 1d. M	Mill Roa 0 63017	u, suit	e 330			
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TITLE				☐ Delete	TITLE							□ c	hange	☐ Addition	
NAME					NAME										
STREET ADDRESS					STREET	ADDRESS	1								
CITY-ST-ZIP					CITY-ST	T-ZIP									

12. Thereby 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: