

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90120 021 ***150.00

DOCUMENT # F02000004719

1. Entity Name
QBIS GROUP INC.



Principal Place of Business
12 BYRON COURT
SAN FRANCISCO CA 94112

Mailing Address
12 BYRON COURT
SAN FRANCISCO CA 94112

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number 35-2168439

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BRUCE, JOCELYN H
7601 EAST TREASURE DR. #2001
NORTH BAY VILLAGE FL 33141

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

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

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 NAME STREET ADDRESS CITY-ST-ZIP	C RAUSCH, JACOB J 15224 OPEN LAND COURT DAYTON MD 21036 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP BRUCE, EVANGELINE H 12 BYRON COURT SAN FRANCISCO CA 94112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAUSCH, JEANETTE B 15224 OPEN LAND COURT DAYTON MD 21036 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCKINLEY, DWAYNE T 2005 HAVERFORD CIRCLE CROWNSVILLE MD 21032 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUCE, JOCELYN H 7601 E. TREASURE DRIVE, #2001 NORTH BAY VILLAGE FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BLAUSTEIN, WILLIAM M 10608 DOGWOOD FARM LANE GREAT FALLS VA 22066 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/C/D RAUSCH, JACOB J 15224 OPEN LAND COURT DAYTON, MD 21036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/D BRUCE, EVANGELINE H 255 GAMBETTA ST DALY CITY, CA 94014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D RAUSCH, JEANETTE B 15224 OPEN LAND COURT DAYTON, MD 21036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/M/D MCKINLEY, DWAYNE T 2005 HAVERFORD CIRCLE CROWNSVILLE, MD 21032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/M/D BRUCE, EVELYN H 7531 BRADFORD PEAR DRIVE IRVING, TX 75063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: JEANETTE B. RAUSCH **JEANETTE B. RAUSCH** 4/14/03 (443)676-4566

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)