

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91217 029 ***158.75

DOCUMENT # F96000004279

1. Entity Name
QUALITY CABLE & FIBER SERVICES, INC.



Principal Place of Business
**1913A BETSON CT.. #A6
ODENTON MD 21113**

Mailing Address
**1913A BETSON CT.. #A6
ODENTON MD 21113**

11003421



2. Principal Place of Business
3326 N. W. ST
Suite, Apt. #, etc.

3. Mailing Address
3326 N. W. ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PENSACOLA, FLA
Zip
32505
Country
ESCAMPIA

City & State
PENSACOLA, FLA
Zip
32505
Country
ESCAMPIA

4. FEI Number
52-1828373

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATE ACCESS, INC.
236 E. 6TH AVE.
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name
Vincent J. Whibbs, Jr
Street Address (P.O. Box Number is Not Acceptable)
105 E. Gregory Square
PENSACOLA, FLORIDA 32501
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: **Vincent John Whibbs, Jr.**
Signature, typed or printed name of registered agent and title if applicable.

Vincent J. Whibbs, Jr.
(NOTE: Registered Agent signature required when reinstating)

4/17/03
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
SHEHADI, DAVID
3326 N.W. ST.
PENSACOLA FL 32505** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SKOK, ROBERT W
7678 TUCKERMAN DR.
HANOVER MD 21076** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5930 OSPREY PL
PENSACOLA, FLA 32504** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1541 SILVER LAKE CT
GULF BREEZE, FLA 32568** ☒ Change ☐ Addition

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

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

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

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03
Date

Daytime Phone #

CR2E034 (10/02)