FILED

## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jul 05, 2000 8:00 am Secretary of State DOCUMENT # F9700000401 06-12-2000 90002 020 \*\*\*150.00 Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 63-113*12* Not Applicable Ζìρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Servier Company Street Address (P.O. Box Number is Not Acceptable)\* 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 DATE FILE NOW!HIFEE 19:\$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition ☐ Delete Change NAME NAME **CR2E034** STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-\$T-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it made under oath, that I am an officer or 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 in changed, or on an attachment with ay

G OFFICER OR DIRECTOR

F97000004017 106197, Quality Restaurants, Inc.

June 28, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs;

We are in receipt of you letter dated June 12, 2000. We have also spoken to two representatives from your company about this mix-up and have been advised to explain the circumstances.

After filing our \$150 fee without the report, the report was returned to us to complete. We did so within the 30-day limit to avoid the late fee. We got the report back once more because the registered agents name was incorrect. We are, for the second time, returning the report to be filed and ask that the \$400 late fee be waived since we filed within the allotted time frame.

Sincerely,

Cynthia L. Rossetti Administrator

> P.O. Box 2046 • Orange Beach, AL 36561 • 334-981-7200 Fax: 334-981-7204 • email: QRInc@gulftel.com



