

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90046 003 ***150.00

DOCUMENT # G20190 1. Entity Name QUALITY ELECTRONIC DESIGN, INC.					
Principal Place of Business 1194 TROTWOOD BLVD WINTER SPRINGS, FL 32708 US			Mailing Address 1194 TROTWOOD BLVD WINTER SPRINGS, FL 32708 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2438028	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent COURT, RAYMOND D. 1194 TROTWOOD BLVD WINTER SPRINGS, FL 32708				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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when submitting) DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COURT, RAYMOND D		NAME		
STREET ADDRESS	1194 TROTWOOD BLVD		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COURT, RAYMOND D		NAME		
STREET ADDRESS	1194 TROTWOOD BLVD.		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: R.D. Court			4/30/03 (403) 695-9653		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CIRE034 (10/02)