


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90072 036 \*\*\*150.00

DOCUMENT # <b>H13445</b>	
1. Entity Name <b>QUALITY SAUSAGE HOUSE INC</b>	

**20013765**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address	
		<b>2055 BUFORD BLVD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
		<b>CLEARWATER FL</b>	
Zip	Country	Zip	Country
		<b>33763</b>	<b>FLORIDA</b>

4. FEI Number	Applied For
<b>592479451</b>	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name - <b>GEORGE HUDAK</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>2055 BUFORD BLVD</b>	
City	Zip Code
<b>CLEARWATER FL</b>	<b>33763</b>

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 \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>PRES</b>
NAME	<b>G. HUDAK</b>
STREET ADDRESS	<b>2055 BUFORD BLVD</b>
CITY - ST - ZIP	<b>CLEARWATER, FL 33763</b>
TITLE	<b>V PRES</b>
NAME	<b>M. HUDAK</b>
STREET ADDRESS	<b>2055 BUFORD BLVD</b>
CITY - ST - ZIP	<b>CLEARWATER FL 33763</b>
TITLE	
NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X George Hudak**

**X 2/12/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #