

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H19076**

1. Entity Name

QUALITY BROKERAGE, INC.**FILED****Mar 26, 2001 8:00 am**
Secretary of State

03-26-2001 90142 007 ***150.00

Principal Place of Business

**27740 SANDBAGGER LN
WESLEY CHAPEL FL 33544
US**

Mailing Address

**27740 SANDBAGGER LN
WESLEY CHAPEL FL 33544
US**

2. Principal Place of Business

18017 WYNTHORNE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

18017 WYNTHORNE DRIVE

Suite, Apt. #, etc.

City & State
TAMPA, FLCity & State
TAMPA, FL4. FEI Number **58-1583907**

Applied For

Not Applicable

Zip
33647Country
USZip
33647Country
US5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILL, GERALD K
27740 SANDBAGGER LN
WESLEY CHAPEL FL 33544**

Name

HILL, GERALD K

Street Address (P.O. Box Number is Not Acceptable)

18017 WYNTHORNE DRIVE

City

TAMPA**FL**Zip Code
33647

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, GERALD K. 27740 SANDBAGGER LN WESLEY CHAPEL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, GERALD K. 18017 WYNTHORNE DRIVE TAMPA, FL 33647	<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		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gerald K. Hill **3/22/01** **(813) 973-4510**

CR2E034 (10/00)