

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90278 024 ***150.00

768525

DO NOT WRITE IN THIS SPACE

DOCUMENT # <i>H25671</i> 1. Entity Name <i>QS-Com, Inc.</i>				768525 DO NOT WRITE IN THIS SPACE	
Principal Place of Business <i>809 W. Waters Ave</i> <i>Tampa FL 33604</i>		Mailing Address <i>same</i>			
2. Principal Place of Business <i>809 W. Waters Ave</i>		3. Mailing Address <i>same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Tampa FL</i>		City & State		4. FEI Number <i>59-2549420</i>	
Zip <i>33604</i> Country <i>USA</i>		Zip <i>33604</i> Country <i>USA</i>		5. 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	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <i>FL</i> 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 state 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 \$100.00 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	<i>President</i> <i>John Moran</i> <i>5306 Ridgewell Ct.</i> <i>Tampa, FL 33624</i>		☐ Delete		
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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: _____ <i>John Moran</i> <i>5-1-01</i> <i>813-935-1994</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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