

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90160 030 \*\*\*150.00

DOCUMENT # **H90043**

1. Entity Name

**Quality Protection Screens, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**5950 NW 50 Street**

Suite, Apt. #, etc.

3. Mailing Address

**5950 NW 50 Street**

Suite, Apt. #, etc.

City & State

**Bell Florida**

City & State

**Bell, Florida**

4. FEI Number

**59-2624400**

Applied For

Not Applicable

Zip

**32619**

Country

**Gilchrest**

Zip

**32619**

Country

**Gilchrest**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Martin Wieder**

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

**5950 NW 50 Street**

City

**Bell**

**FL**

Zip Code

**32619**

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1 Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE	<b>P</b>
NAME	<b>Martin Wieder</b>
STREET ADDRESS	<b>5950 NW 50 Street</b>
CITY - ST - ZIP	<b>Bell FL 32619</b>
TITLE	<b>V/S</b>
NAME	<b>Dorothy Wieder</b>
STREET ADDRESS	<b>5950 NW 50 Street</b>
CITY - ST - ZIP	<b>Bell, FL 32619</b>
TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Dorothy Wieder**

**DOROTHY WIEDER**

**4-23-02**

**386 9356900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)