

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

02-13-2002 90179 025 \*\*\*150.00

**DOCUMENT # J23439**

**1. Entity Name**  
**QUALITY FINANCIAL SERVICES INC.**

**Principal Place of Business**

**3945 NOVA ROAD**  
**PORT ORANGE FL 32127**  
**US**

**Mailing Address**

**3945 NOVA ROAD**  
**PORT ORANGE FL 32127**  
**US**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number** **59-2707371**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**STRONG, JAMES S.**  
**5560 S. NOVA RD.**  
**DAYTONA BCH. FL 32019**

**7. Name and Address of New Registered Agent**

Name **David Strong**  
 Street Address (P.O. Box Number is Not Acceptable)

**216 Commonwealth Blvd**

City **Port Orange**

FL

Zip Code

**32127**

**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**

*David Strong*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/25/02**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** **PV** ☒ Delete  
**NAME** **STRONG, JAMES S**  
**STREET ADDRESS** **5560 SO NOVA RD**  
**CITY-ST-ZIP** **DAYTONA BCH FL 32127**

**TITLE** **T** ☒ Delete  
**NAME** **STRONG, JAMES S**  
**STREET ADDRESS** **5560 SO NOVA RD**  
**CITY-ST-ZIP** **DAYTONA BCH FL**

**TITLE** **S** ☒ Delete  
**NAME** **STRONG, EILEEN**  
**STREET ADDRESS** **5560 S NOVA RD**  
**CITY-ST-ZIP** **DAYTONA BEACH FL**

**TITLE** **V** ☐ Delete  
**NAME** **STRONG, DAVID B**  
**STREET ADDRESS** **216 COMMONWEALTH BLVD.**  
**CITY-ST-ZIP** **PORT ORANGE FL 32127**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Change ☒ Addition  
**NAME** **David Strong**  
**STREET ADDRESS** **216 Commonwealth Blvd**  
**CITY-ST-ZIP** **Port Orange FL 32127**

**TITLE** **T** ☐ Change ☒ Addition  
**NAME** **Cathy Strong**  
**STREET ADDRESS** **216 Commonwealth Blvd**  
**CITY-ST-ZIP** **Port Orange FL 32127**

**TITLE** **S** ☐ Change ☒ Addition  
**NAME** **Cathy Strong**  
**STREET ADDRESS** **216 Commonwealth Blvd**  
**CITY-ST-ZIP** **Port Orange FL 32127**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*David Strong*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**U.P.**

**1/25/02**

Date

**386-761-7855**

Daytime Phone #

CR2E034 (9/01)