

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

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90006 049 \*\*\*150.00

DOCUMENT # J29812

1. Entity Name

QUALI-FORM CO. INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8026 LEO KIDD AV

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT RICHEY

City & State

4. FEI Number

59-2690562/252112

Applied For

Not Applicable

Zip

34668

Country

PASCO

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

DAVID W. WOOD

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

8026 LEO KIDD AV

City

PORT RICHEY

FL

Zip Code

34668

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DAVID W WOOD  
8026 LEO KIDD AV.  
PORT RICHEY, FL 34668

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HERBERT D. WOOD  
12820 OAKELIER DR  
HUDSON, FL 34667

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T-S  
DOROTHY R. WOOD  
12820 OAKELIER DR  
HUDSON, FL 34667

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

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 R Wood T-S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/02 727-849-2580

Date

Daytime Phone #

CR2E034B (12/01)