

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K04598

1. Entity Name
Quality Electrical Service, Inc.

06-07-2000 90010721 ***158.75
FILE K04598
SECRETARY OF STATE
DIVISION OF CORPORATION
00 NOV -2 PM 4:52

Principal Place of Business Mailing Address
2758 Ernest Street
Jacksonville, FL 32205

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 59-2871084 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Ramiro Onate
6950 Hanson Drive South
Jacksonville, FL 32210

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 N/A 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, 2000: 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
President Ramiro Onate 6950 Hanson Drive South Jacksonville, FL 32210
N/A
N/A

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change 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 information.

SIGNATURE: 4/2/00 904 388-9198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

[Handwritten Signature]

CR2E034 (9/99)