

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**  
 05-07-2001 90040 001 \*\*\*150.00

**DOCUMENT # K99262**

1. Entity Name

**QUALITY SERVICE EXPRESS, INC.**

Principal Place of Business

**817 APPEYARD DR.  
 TALLAHASSEE FL 32304**

Mailing Address

**P O BOX 7556  
 TALLAHASSEE FL 32304**

**DUU40101**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**703 Coble Dr.**

3. Mailing Address

Suite, Apt. #, etc.

Suite 1

City & State

**Tallahassee, FL**

City & State

4. FEI Number **59-2956678**

Applied For

Not Applicable

Zip

**32301**

Country

**US**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WOLFE, LARRY S  
 200-A JOHN KNOX ROAD  
 TALLAHASSEE FL 32303**

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

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)

**FILE NOW!!! FEE IS \$150.00  
 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

TITLE **PD** ☐ Delete  
 NAME **EDWARDS, HAROLD W**  
 STREET ADDRESS **703 COBLE DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **S/T** ☐ Delete  
 NAME **PATRICIA EDWARDS**  
 STREET ADDRESS **703 COBLE DRIVE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patricia Edwards**

Date

Daytime Phone #

CR2E034 (10/00)