

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005888

1. Entity Name

QUALICOMPANY, LLC

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90002 012 ****50.00

Principal Place of Business

21245 COACHMAN AVE
PORT CHARLOTTE FL 33952

Mailing Address

P.O. BOX 895
NOKOMIS FL 34275

971574



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

21245 Coachman Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Charlotte FL

Zip

Country

Zip

Country

33952

United States

4. FEI Number 65-1009133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOWERY, JERRELE

333 SOUTH TAMiami TRAIL, STE 291
VENICE FL 34285

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Pascal Schreier

(NOTE: Registered Agent signature required when reinstating)

07/22/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME SCHREIER, PASCAL ☐ Delete
STREET ADDRESS 21245 COACHMAN AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

TITLE MGRM
NAME SEUSSLER, JURGEN ☐ Delete
STREET ADDRESS D-76149 KARLSRUHE
CITY-ST-ZIP UHUWEG 5, GERMANY

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED Pascal Schreier

07/22/02

941-

6286000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)