

2001 UNIFORM BUSINESS REPORT (UBR)

0018900 AF

DOCUMENT # L00000009119

1. Entity Name
QUALSTRAT, L.L.C.

FILED

01 FEB 26 AM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
812 WILLOWBRANCH AVENUE
CLEARWATER FL 33764

Mailing Address
812 WILLOWBRANCH AVENUE
CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3661322

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER FL 33756

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700003803407--3
-03/07/01--01003--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME FERRETTI, THOMAS ALAN JR.
STREET ADDRESS 730 ORANGEVIEW DRIVE
CITY-ST-ZIP LARGO FL 33778 ☐ Delete

TITLE MGR
NAME HARTMAN, JERRY W
STREET ADDRESS 812 Willowbranch Avenue
CITY-ST-ZIP CLEARWATER, FL 33764 ☐ Change ☒ Addition

TITLE MGR
NAME LEFEBVRE, JAMES E
STREET ADDRESS 7335 MAYFIELD DRIVE
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Delete

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

TITLE MGR
NAME HEIM, DAVID M
STREET ADDRESS 108 JASMINE CIRCLE
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

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

TITLE MGR
NAME COMBS, LESLIE W
STREET ADDRESS 14304 GRAFTON PLACE
CITY-ST-ZIP TAMPA FL 33625 ☐ Delete

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

TITLE MGR
NAME VAUGHT, GLENN D
STREET ADDRESS 7501 ULMERTON ROAD #822
CITY-ST-ZIP LARGO FL 33771 ☐ Delete

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

TITLE MGR
NAME PHILLIPS, MICHAEL L
STREET ADDRESS 2769 OAK BEND COURT
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☒ Delete

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

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]

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

2/6/2001

727-443-2654

Date

Daytime Phone #

CR2E083 (11/00)