

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015875

1. Entity Name

HQM OF LEE COUNTY, L.L.C.

Principal Place of Business

Mailing Address

2401 PGA BLVD., STE. 155  
PALM BEACH GARDENS FL 33410

2401 PGA BLVD., STE. 155  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC -3 AM 10:18



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

*Laura R. Dunlap*  
Signature, typed or printed name of registered agent and title if applicable.

Laura R. Dunlap  
as its agent

11/30/01  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

800004724838--2  
-12/13/01--01061--018  
\*\*\*\*100.00 \*\*\*\*100.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HOME QUALITY MANAGEMENT, INC.  
2401 PGA BLVD., STE. 155  
PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800004724838--2  
-12/13/01--01061--019  
\*\*\*\*50.00 \*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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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: By: *Home Quality Management, Inc.*  
*Paul Waleczak, CEO 11/28/00 561-627-0664*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

000252

CR2E083 (5/01)

STAPLE CHECK HERE