

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L26438**

1. Entity Name

QUALITY BUSINESS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90246 046 ***150.00

Principal Place of Business
**11201 DANKA CIRCLE NORTH
CORP. TAX
ST. PETERSBURG FL 33716**

Mailing Address
**11201 DANKA CIRCLE NORTH
CORP. TAX
ST. PETERSBURG FL 33716-3712**

831855



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
**11201 DANKA CIRCLE NORTH
TAX DEPARTMENT
ST. PETERSBURG, FL
33716-3712 UNITED STATES**

4. FEI Number **65-0157034** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWITZER, LARRY K		NAME		
STREET ADDRESS	11201 DANKA CIRCLE, N		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MERRIMAN, BRIAN L		NAME		
STREET ADDRESS	11201 DANKA CIRCLE, N		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		CITY-ST-ZIP		
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERG, DAVID P		NAME		
STREET ADDRESS	11201 DANKA CIRCLE, N		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERRY, L. JEAN		NAME		
STREET ADDRESS	11201 DANKA CIRCLE, N		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLFINGER, F. MARK		NAME		
STREET ADDRESS	11201 DANKA CIRCLE, N		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMBLARD, MICHEL		NAME		
STREET ADDRESS	11201 DANKA CIRCLE, N		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		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 REQUIRED

L. JEAN BERRY

3-29-00

(727) 568-4262

CR2E034 (9/99)