

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L40404

1. Entity Name

QUALITY DEVELOPMENT OF FLORIDA, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90137 038 ***158.75

Principal Place of Business
801 LAUREL OAK DR STE 710
NAPLES FL 34108
US

Mailing Address
% MARK J. WOODWARD
801 LAUREL OAK DR STE 710
NAPLES FL 34108
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 200

City & State
Naples, FL

Zip
34103

Country

3. Mailing Address

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 200

City & State
Naples, FL

Zip
34103

Country

4. FEI Number 65-0163264

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

WOODWARD, MARK J.
801 LAUREL OAK DRIVE
710
NAPLES FL 34108

Name

Street Address (P.O. Box Number is Not Acceptable)

3200 Tamiami Trail N., Suite 200

City Naples

FL

Zip 34103

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME FERRAO, AUBREY J.
STREET ADDRESS 3470 CLUB CENTER BLVD
CITY-ST-ZIP NAPLES FL 34114



TITLE D
NAME WOODWARD, MARK J.
STREET ADDRESS 801 LAUREL OAK DR 710
CITY-ST-ZIP NAPLES FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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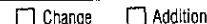
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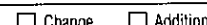
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CITY-ST-ZIP



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 changes as required.

SIGNATURE: Aubrey J Ferrao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01

Date

941 732 9400

Daytime Phone #

CR2E034 (10/00)