2000 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2000 8:00 am Secretary of State **DOCUMENT # L69533** 1. Entity Name QUALITY COMPUTER SERVICES, INC. 04-17-2000 90048 043 ***150.00 Principal Place of Business Mailing Address P O BOX 274064 3802 EHRLICH RD 13902 N DALE MABRY 270 SUITE 209 TAMPA FL 33688-4084 TAMPA FL 33624 2. Principal Place of Business 3. Mailing Address 274084 P.0 Box Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3005537 andi. Not Applicable Country USA \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Rabin, Jeffrey E. Street Address (P.O. Box Number is Not Acceptable) 4316 Haw Ks Nest Dr. ROBIN, JEFFREY E 4316 HAWKS NEST DR UNIT #5305 **LUTZ FL 33549** Zip Code 33544 FL 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. Correwing Spelling and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Delete RABIN, JEFFREY E. NAME 4316 HAWKS NEST DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL Change TITLE ☐ Addition ☐ Delete MANN, SCOTT D. NAME NAME 703 CARLSPLATE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LUTZ FL ☐ Addition Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete · TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLÉ ☐ Delete NAME NAME

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.

STREET ADORESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2000

(813) 968-5091

Daytime Phone #