## Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90144 029 \*\*\*150.00 **FILED**

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

L73084 DOCUMENT #

1. Entity Name

QUALITY COMMUNICATIONS OF FLORIDA, INC.



						COD WE								
Principal Plac	e of Business		Mailin	g Address										
3701 SW 47 A				3701 SW 47 AVE				PANAGARA						
Suite 104			SUITE	SUITE 104										
DAVIE FL 33314			DAVIE	DAVIE FL 33314								I <b>ene</b> l elektri i	H	81811 91811 1881
US		US												
2. Principal P	lace of Busine	<b>3.</b> Mai	3. Mailing Address					1 (80)(0)( 0)	! <b>!!!!!!</b>  !!!!!	86181   611	( 818) 8/8/14	INDIA BABAN DIDA	BEDIE CICH FODE	
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & Stat	е		City	City & State				4. FEI Number 65-0193435						pplied For
Zip Country			Zip	Zip Coun								\$8.75 Additional Fee Required		
	6 Nama	urrent Registere	d Agent		T	7. Name and Address of New Registered Agent								
	o. Ivanie	ind Address of C	urrent negistere	d Agent		Name		/. INC	ille allu At	idi ess Oi	HCW I	egistereu	Agent	
HOOD IO	NEIM W. ID			(Valle)										
HOOD, JO				Street A				dress (P.O. Box Number is Not Acceptable)						
3701 SW 3				-										
DAVIE FL		.·!					City					Zip Code		
<u> </u>						<u> </u>							<u> </u>	
<ol><li>The above the obligat</li></ol>	named entity ions of register	aubmits this state	ment for the purp	ose of changing its	register	ed office or i	registered	d ager	nt, or both, i	n the Stat	te of Flo	rida. I am	familiar with	, and accept
the obligat	.0.13 01 100310	ou age,	? 1/1	Q ()							1.	19.1	72	
SIGNATURE .	- John	V-0	VXIO	01							1,		<u>ر ر</u>	
	Signature, typed or	printed name of register	ed agent and title if app	licable (NOTE	: Registere	d Agent signatur	e required w	hen reins	stating)			DATE		
	LE NOW!!	FEE-IS-\$150.	00	_									4-	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State									<b>9.</b> ≏Electi Trust	on Campi Fund Con				00 May Be ed to Fees
10.	•	OFFICER	S AND DIRECTO	BS .	11.			ADD	ITIONS/CH	IANGES 1	TO OFF	CERS AN	D DIRECTOR	RS IN 11
TITLE	DC	01110211	37.11.12 D.11.12010	☐ Delete	TITL								☐ Change	Addition
NAME	HOOD, JOHN W JR			Delete		NAME								
STREET ADDRESS	REET ADDRESS 2521 SW 102 DRIVE					EET ADDRESS								1
CITY-ST-ZIP						CITY-ST-ZIP								
TITLE	P			☐ Delete	TITLI	.							☐ Change	☐ Addition
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	2521 SW 1					ET ADDRESS								ł
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				П'в.									☐ Change	☐ Addition
TITLE NAME	•			Delete ***	NAM	E- <b>-</b>		• 1					☐ Change	. Addition
NAME Street address (						ET ADDRESS							·	
CITY-ST-ZIP						-ST-ZIP								ı
i	partify that the	information europi	ed with this filins	does not qualify for			d in Saat	tion 11	0.07/3/6) 4	Florida St	atutos 1	further co	rtify that the	information
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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 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. FHood, Director/CEO

(954(584-4111

Date

Daytime Phone #