

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 21, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L96838**1. Entity Name  
QUALITY COMPUTER FORMS, INC.Principal Place of Business  
2900 14TH STREET N  
SUITE 36  
NAPLES FL 33963  
USMailing Address  
835 S HIGH STREET  
HILLSBORO OH 45133  
US2. Principal Place of Business  
2900 14TH STREET N  
Suite, Apt. #, etc.  
SUITE 363. Mailing Address  
Suite, Apt. #, etc.City & State  
NAPLES FL

City &amp; State

Zip  
34103 Country  
USZip  
Country4. FEI Number  
**59-3026252**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CASSNER ALVIN B  
4301 GULF SHORES BLVD  
UNIT 302 PARK PLAZA  
NAPLES FL 33940  
US**7. Name and Address of New Registered Agent**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 \_\_\_\_\_ **03/21/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	OH
T	CASSNER CURTIS B	835 S HIGH ST	HILLSBORO	<input type="checkbox"/> Delete
V	CASSNER, JON H.	835 S. HIGH ST.	HILLSBORO	<input type="checkbox"/> Delete
S	CASSNER BRIAN	835 S HIGH ST	HILLSBORO	<input type="checkbox"/> Delete
P	CASSNER, ALVIN B.	4301 GULF SHORE BLVD.	NAPLES	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	OH	Change	Addition
S	CASSNER CATHY L	835 S HIGH ST	HILLSBORO		<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
T	CASSNER BRIAN	835 S HIGH ST	HILLSBORO		<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

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:** Brian Cassner

T

03/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)