

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

000117

DOCUMENT # L99000000035

1. Entity Name

ELITE FINISHING & FULFILLMENT, L.C.

03-13-2002 90094 045 ****50.00

Principal Place of Business

**9446 PHILIPS HWY., STE. 6
 JACKSONVILLE FL 32256**

Mailing Address

**9446 PHILIPS HWY., STE. 6
 JACKSONVILLE FL 32256**

2. Principal Place of Business

8475 Western Way

Suite, Apt. #, etc.

Suite 150

City & State

Jacksonville, FL

Zip

32256

Country

3. Mailing Address

8475 Western Way

Suite, Apt. #, etc.

Suite 150

City & State

Jacksonville, FL

Zip

32256

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3547510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LINDELL, J. MICHAEL
 233 E. BAY STREET, SUITE 620
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

LINDELL, J. MICHAEL

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

12276 SAN JOSE BLVD

SUITE 126

City

JACKSONVILLE

FL

Zip Code

32223

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **QUALITY RESPONSE SERVICES, INC.**
 STREET ADDRESS **8031 PHILIPS HIGHWAY, SUITE 8**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **QUALITY RESPONSE SERVICES, INC.**
 STREET ADDRESS **8475 WESTERN WAY SUITE 150**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Douglas L. Puller

2-27-02

904/519.9225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)