

2001 UNIFORM BUSINESS REPORT (UBR)

0032660 SP

DOCUMENT # **L99000008679**

1. Entity Name

QUALITY MILLWORK ACQUISITION GROUP, LLC

Principal Place of Business

**570 FRANKLIN STREET
FORT MYERS FL 33901**

Mailing Address

**570 FRANKLIN STREET
FORT MYERS FL 33901**

2. Principal Place of Business

2570 FRANKLIN STREET

Suite, Apt. #, etc.

3. Mailing Address

2570 FRANKLIN STREET

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

FORT MYERS FL

Zip

33901

Country

Zip

33901

Country

4. FEI Number

65-0966510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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**

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **REID, KEVIN P**
CITY-ST-ZIP **128 PALM RIVER DR.
NAPLES FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **200004085902-5**
CITY-ST-ZIP **-04/27/01--01082--027**
*******50.00 *****50.00**

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

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CITY-ST-ZIP

11. 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: **X**

KEVIN P. REID

04/10/01

941-334-2800

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

Date

Daytime Phone #

CR2E083 (11/00)