FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90209 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M64879

1. Entity Name

TOTAL QUALITY MANAGEMENT, INC.

			WE THE	^y	
Principal Place of Business 3216 STONEYBROOK LN. TAMPA FL 33618 US		Mailing Address 3216 STONEYBROOK LN. TAMPA FL 33618 US) 186(400) (18 30) (18 0) (18	#J#25 1##1
2. Principal	Place of Business	2 Mailing Address			
2. Tymolpai Flace of Business		3. Mailing Address		The service of the se	918(† 188)
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-2862428 Applie	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additio	pplicable nal
<u>.</u>	6. Name and Address of Currer	nt Registered Agent	<u> </u>	7. Name and Address of New Registered Agent	
			Name	7. Name and Address of New Registered Agent	
Conter, C. Michael 201 E. Kennedy Blvd. Suite 1400			Street Addres	s (P.O. Box Number is Not Acceptable)	
TAMPA F	L 33602		City	□ I Zip Code	
0 The				, FL	
the obliga	tions of registered agent.	tor the purpose of changing it	s registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and	accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered Agent signature requi	red when reinstating) DATE	
	FILE NOW!!! FEE IS \$150.00			DATE	
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State		9. Election Campaign Financing Trust Fund Contribution. Added to I	/lay Be Fees
10.	OFFICERS AND		11,	ADDITIONS OF TAXABLE TO SEE TO	
TITLE	DPT	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
NAME ~	KOEHLER, NOREEN		NAME	☐ Change] Addition
STREET ADDRESS CITY-ST-ZIP	3216 Stoneybrook Ln. Tampa Fl		STREET ADDRESS		
TITLE	IAMITA FL		CITY-ST-ZIP		_
NAME		. Delete	TITLE	☐ Change ☐	Addition
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			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE	☐ Change ☐	Addition
STREET ADDRESS			NAME STREET ADDRESS		ĺ

12. 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 tostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 15 2003 (813) 960-5065