## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # M85512

## Apr 30, 2002 8:00 am Secretary of State **FILED**

04-30-2002 90043 030 \*\*\*150.00

1. Entity Name QUALITY TEST ENGINEERING, INC. Principal Place of Business Mailing Address 471 HOMER AVE 471 HOMER AVE LONGWOOD FL 32750 LONGWOOD FL 32750



2. Principal Place of Business		3. Mailing Address				BI BIBII BIBII BIBII DIGII	I BIBII BIBII FBBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4</b> . f	59-2643667	<del></del>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Ac		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name	Name				
SHEFFIEL 471 HOME LONGWO	Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
· .						FL Zip Coo	de	
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								
	ration is eligible to satisfy its Intangible equirement and elects to do so.  a on back)	After May 1, 2002	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financ Trust Fund Contribution.	44	00 May Be ed to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHEFFIELD, THOMAS M. 471 HOMER AVENUE LONGWOOD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby ce	ertify that the information supplied with t	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	n Section 1	[19.07(3)(i) Florida Statutes Uturt	☐ Change	Addition	

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:

(407) 260-0073