

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033619

1. Entity Name
QUALITY MARCITING, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90088 046 ***150.00

Principal Place of Business

1835 WELFORD ROAD
JACKSONVILLE FL 32207

Mailing Address

1835 WELFORD ROAD
JACKSONVILLE FL 32207

2. Principal Place of Business

11873 Minford Circle N
Suite, Apt. #, etc.

3. Mailing Address

11873 Minford Circle N
Suite, Apt. #, etc.

City & State

JACKSONVILLE, Florida

City & State

JACKSONVILLE, Florida

4. FEI Number

59-3054531

Applied For

Not Applicable

Zip

32246

Country

USA

Zip

32246

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAUPAIN, IRENE
1835 WELFORD ROAD
JACKSONVILLE FL 32207

Name

Irene Caupain

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

11873 Minford Cr. N.

Jacksonville Florida 32246

City

Jacksonville Florida FL

Zip Code

32246

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 *Irene Caupain*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/01

9. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CAUPAIN, IRENE | |
| STREET ADDRESS | 1835 WELFORD ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CAUPAIN, IRIS | |
| STREET ADDRESS | 1835 WELFORD ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CAUPAIN, KIRK | |
| STREET ADDRESS | 1835 WELFORD ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Irene Caupain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01 904-993-5269

Date

Daytime Phone #

CR2E034 (10/00)