

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **00060052708**

1. Entity Name  
**Quality Asset Management Investment Advisors, Inc.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

**789 S. Federal Hwy.**

**3122 Savannah Road**

Suite, Apt. #, etc.

**Suite 102**

City & State

**Stuart, FL**

City & State

**Jensen Beach, FL 34957**

Zip

**34994**

Country

**USA**

Zip

**34957**

Country

**USA**

4. FEI Number

**65-1035366**

Applied For

Not Applicable

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

**Gerald N. Kieft**  
**3122 Savannah Road**  
**Jensen Beach, FL 34957**

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

**4/10/2001**

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 **Chief Executive Officer** ☐ Delete  
NAME **Gerald N. Kieft**  
STREET ADDRESS **3122 Savannah Rd.**  
CITY-ST-ZIP **Jensen Beach, FL 34957**

TITLE **D/C/T Chief Executive Officer** ☒ Change ☐ Addition  
NAME **Gerald N. Kieft**  
STREET ADDRESS **3122 Savannah Road**  
CITY-ST-ZIP **Jensen Beach, FL 34957**

TITLE **President** ☐ Delete  
NAME **Brad C. Dunlap**  
STREET ADDRESS **4492 SW Branch Terrace**  
CITY-ST-ZIP **Palm City, FL 34990**

TITLE **P/S/D** ☒ Change ☐ Addition  
NAME **Brad C. Dunlap**  
STREET ADDRESS **4492 SW Branch Terrace**  
CITY-ST-ZIP **Palm City, FL 34990**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Chief Executive Officer 4/10/2001 861-286-2001**

**A0065679**

DO NOT WRITE IN THIS SPACE

CR2E034 (1/100)