

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90159 018 \*\*\*150.00

**DOCUMENT # P00000052708**

1. Entity Name  
**QUALITY ASSET MANAGEMENT INVESTMENT ADVISORS, IN C.**

Principal Place of Business  
**789 S. FEDERAL HWY., SUITE 102  
 STUART FL 34994**

Mailing Address  
**3122 SAVANNAH ROAD  
 JENSEN BEACH FL 34957**

2. Principal Place of Business

3. Mailing Address

**2413 SE St. Lucie Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Stuart, FL**

Zip

Country

Zip

**34996**

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

**KIEFT, GERALD N  
 3122 SAVANNAH ROAD  
 JENSEN BEACH FL 34957**

Name  
**Gerald N. Kieft**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2413 SE St. Lucie Blvd.**

City  
**Stuart** **FL** Zip Code  
**34996**

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 *Gerald N. Kieft* **Gerald N. Kieft Chief Executive Officer** **4/17/2002**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO KIEFT, GERALD N 3122 SAVANNAH ROAD JENSEN BEACH FL 34957</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD DUNLAP, BRAD C 4492 S.W. BRANCH TERRACE PALM CITY FL 34990</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO Kieft, Gerald N. 2413 SE St. Lucie Blvd. Stuart, FL 34996</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gerald N. Kieft* **Gerald N. Kieft** **4/17/2002** **561-286-2002**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

AV

CR2E034 (9/01)