

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91325 017 ***150.00

0610883 AV

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
**2413 SE ST LUCIE BLVD
STUART FL 34996**

2. Principal Place of Business

789 S. Federal Hwy.

Suite, Apt. #, etc.

Suite 300

City & State

Stuart, FL

3. Mailing Address

789 S. Federal Hwy.

Suite, Apt. #, etc.

Suite 300

City & State

Stuart, FL

Zip

34994

Country

USA

Zip

34994

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

**KIEFT, GERALD N
2413 SE ST LUCIE BLVD
STUART FL 34996**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DCEO** ☒ Delete
NAME **KIEFT, GERALD N**
STREET ADDRESS **2413 SE ST LUCIE BLVD**
CITY-ST-ZIP **STUART FL 34996**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCEO** ☐ Change ☐ Addition
NAME **KIEFT, GERALD N**
STREET ADDRESS **2413 SE ST LUCIE BLVD**
CITY-ST-ZIP **STUART, FL 34996**

TITLE **PT** ☐ Change ☐ Addition
NAME **DUNLAP, BRAD C.**
STREET ADDRESS **4492 SW Branch Terrace**
CITY-ST-ZIP **Palm City, FL 34990**

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

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

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

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

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

772-219-2212

Daytime Phone #

CR2E034 (10/02)