

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90294 010 ***150.00

DOCUMENT # P00000060100

1. Entity Name

QB Pro Services, Inc.



DO NOT WRITE IN THIS SPACE

20022690

2. Principal Place of Business
14600 Glen Cove Dr.

3. Mailing Address
14600 Glen Cove Dr.

Suite, Apt. #, etc.
Apt 304

Suite, Apt. #, etc.
Apt 304

City & State
Fort Myers, FL

City & State
Fort Myers, FL

4. FEI Number
65-1019123

Applied For
Not Applicable

Zip
33919

Country

Zip
33919

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Sandra A Doupe

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

14600 Glen Cove Dr. Apt 304

City Fort Myers, FL Zip Code
33919

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 is applicable

(NOTE: Registered Agent signature required when registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
P Sandra Doupe
14600 Glen Cove Dr. Apt 304
Ft Myers, FL 33919

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S/T Bradley Doupe
14600 Glen Cove Dr. Apt 304
Ft Myers, FL 33919

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra Doupe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA DOUPE

1/29/03

239-267-3633
Date Daytime Phone #

CR2E034B (12/02)