2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000102098

City-St-Zip:

WELLINGTON, FL 33414

Entity Name: QUALTECH SERVICES, INC.

FILED Feb 21, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3460 FAIRLANE FARMS ROAD, #14 WELLINGTON, FL 33414				3460 FAIRLANE FARMS ROAD SUITE # 14 WELLINGTON, FL 33414		
Current Mailing Address:				New Mailing Address:		
3460 FAIRLANE FARMS ROAD, #14 WELLINGTON, FL 33414				3460 FAIRLANE FARMS ROAD SUITE # 14 WELLINGTON, FL 33414		
FEI Number	: 65-1053322	FEI Number Applied For ()	FEI Nur	mber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1840 SOU 4TH FLOC	& UTRERA, P. ITHWEST 22 S DR 33145 US					
	e named entity e of Florida.	submits this statement for the	purpose c	f changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	jent		Date	
	mpaign Financin S AND DIREC	g Trust Fund Contribution(). TORS:		ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MEDINA, GILB	E FARMS ROAD, #14		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CANDUSSO, J	E FARMS ROAD, #14		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MIRANDA, MAI) Delete RIA C E FARMS ROAD. #14		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GILBERT B. MEDINA PD 02/21/2003