

# 2001 UNIFORM BUSINESS REPORT (UBR) Amended \$ 61.25

8.75  
70.00

DOCUMENT # **P00000107502**  
 1. Entity Name  
**QUALITY SANDING INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 JUL 17 PM 12:00

Principal Place of Business Mailing Address  
**3560 HAVENWOOD RD.** **3560 HAVENWOOD RD.**  
**MIDDLEBERG FL 32068** **MIDDLEBERG FL 32068**

2. Principal Place of Business 3. Mailing Address  
**CLAY COUNTY** **3560 HAVENWOOD RD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**MIDDLEBERG FL** **MIDDLEBERG FL**  
 Zip Country Zip Country  
**32068** **CLAY** **32068** **CLAY**

4. FEI Number Applied For  
**593560164** Not Applicable  
 5. Certificate of Status Desired ☒ \$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent  
**EDUARD CASTRO**  
**3560 HAVENWOOD RD**  
**MIDDLEBERG FL 32068**

7. Name and Address of New Registered Agent  
 Name **CHARLIE TRUEMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4760 GREAT WESTERN LN. SOUTH**  
 City **JACKSONVILLE** FL Zip Code **32067**

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 **CHARLIE M. TRUEMAN V.P.** **Edward Castro**  
 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. ☐ **FILE NOW!!! FEE IS \$450.00**  
**AS OF MAY 1, 2001 Fee will be \$500.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
 -Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT (REGISTERED AGENT)</b> <input type="checkbox"/> Delete <b>EDDIE CASTRO</b> <b>3560 HAVENWOOD RD.</b> <b>MIDDLEBERG FL 32068</b>
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	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VICE PRESIDENT</b> <b>CHARLIE TRUEMAN</b> <b>4760 GREAT WESTERN LN. S</b> <b>JAX, FL 32257</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PRESIDENT</b> <b>EDUARD CASTRO</b> <b>3560 HAVENWOOD RD</b> <b>MIDDLEBERG FL 32068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800004494328--2</b> <b>-07/24/01--01096--020</b> <b>*****70.00 *****70.00</b>
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: **Edward Castro** **11/15/2001** **904 758-7951**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #