FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90324 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000012207

1. Entity Name
QUALITY BUILT SHEDS, INC.

Principal Place of Business	Mailing Address
MEXICAN & PALM DR PO BOX 837 CROSS CITY, FL 32628	MEXICAN & PALM DR PO BOX 837 CROSS CITY, FL 32628

2. Principal Place of Business	3. Mailing Address
Mexican & Palm DR	Mexican & Palm DR.
Suite, Apt. #, etc. P.O Box 837	Suite, Apt. #, etc. PO Box 837
City & State Cross City FL. 32628	City & State Cross City, FL.
Zip / Country 32628 / USA	Zip / Country 32628 / USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3701118 ☐ 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
HAMNER, JOSEPH L JR COPELAND AVE. OLD TOWN, FL 32680	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, DEAN R PO BOX 352 CROSS CITY, FL 32628	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMNER, JOSEPH L JR COPELAND AVE., PO BOX 1263 OLD TOWN, FL 32680	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINNER, ARTHUR R JR PO DRAWER 5100 CROSS CITY, FL 32628	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Joseph L Hamner Jr. Joseph L. Hamner JR 4/28/03 561-758-8090
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #