

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04/24/2002 AV

DOCUMENT # P01000020191

1. Entity Name
QM III, INC.

04-24-2002 90455 001 ***150.00
 04-24-2002 90455 002 *****8.75

Principal Place of Business

**7010 BARBOUR RD.
 RIVIERA BEACH FL 33407**

Mailing Address

**7010 BARBOUR RD.
 RIVIERA BEACH FL 33407**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1703 N. Congress Ave
 Suite, Apt. #, etc.

3. Mailing Address

1763 N. Congress Ave
 Suite, Apt. #, etc.

City & State

West Palm Beach, FL
 Zip Country
33409-5154 Palm Beach

City & State

West Palm Beach, FL
 Zip Country
33409-5154 Palm Beach

4. FEI Number

65-1126315

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FAIRCLOUGH, MICHAEL J
 11380 PROSPERITY FARMS RD., #112
 PALM BEACH GARDENS FL 33410**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **GORNT, QUINTON M**
 STREET ADDRESS **166 SPARROW DR., APT. 6B**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **17928 89th Place N.**
 STREET ADDRESS **Loxaratchee, FL 33470**
 CITY-ST-ZIP

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

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

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)