

Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

SIGNATURE:

P01000075647

Mailing Address

1. Entity Name

QUALITY PROCESSING, INCORPORATED



| 1437 MOHRLAKE DRIVE BRANDON FL 33511 | | | | 1437 MOHRLAKE DRIVE BRANDON FL 33511 | | | | | | |
|--|-----------------------|--------------------------|----------------------------|---|-------------------------|----------------|---|-------------|--------------------------|-----------------------|
| 2. Principal Place of Business | | | 3. Mailing Address | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF | MAKING | CHANGES | ì |
| City & State | € | | City & State | City & State | | | 4. FEI Number 59-3743594 Applied For Not Applicable | | | |
| Zip | Zip Country | | Zip | Cour | Country | | Certificate of Status Desired. | | \$8.75 Ad Fee Require | ditional |
| | 6. Name | and Address of Curre | nt Registered Agent | | | 7, 1 | 7. Name and Address of New Registered Agent | | | |
| DIOLENO MARILO | | | | | Name | | | | | |
| DICKENS, | , mahk s 16th stre | ET | | Street Address | | ldress (P.O. E | (P.O. Box Number is Not Acceptable) | | | |
| SUITE 20 | | EI | | | | | | | | |
| TAMPA FI | | | | 0.4 | | | | | | <u> </u> |
| | | | | | City | | | FL | Zip Cod | |
| 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS | | | | | | ΑΓ | 9. Election Campaign Finar Trust Fund Contribution. DDITIONS/CHANGES TO OFFIC | | Added | O May Be d to Fees |
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| indicated (| on this repor | t or supplemental report | t is true and accurate and | d that my signat | ure shall hav | ve the same I | 119.07(3)(i), Florida Statutes. I fu egal effect as if made under oat da Statutes; and that my name a | h: that I a | m an officer | or director |