

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90110 022 ***158.75

0662770 SP

DOCUMENT # P01000103196

1. Entity Name QCIL INTERNATIONAL, INC. *NAME Change*

Quality Craft Importers Ltd Inc.

Principal Place of Business

Mailing Address

28210 OLD US HWY 41, #311
 BONITA SPRINGS FL 34135

28210 OLD US HWY 41, #311
 BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

28210 OLD US 41

SAME

Suite, Apt. #, etc.
311

Suite, Apt. #, etc.

City & State

City & State

BONITA Springs FL

Zip
34135

Country
LeeCo USA

Zip

Country

4. FEI Number

58-2260048

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOSS, PHYLLIS J

8880 TERRENE CT

BONITA SPRINGS FL 34135

Name *PHYLLIS J VOSS*

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

28210 OLD US 41

311

City *BONITA Springs*

FL

Zip Code *34135*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *P*
NAME *VOSS, KENNETH C*
STREET ADDRESS *9250 HIGHLAND WOODS*
CITY-ST-ZIP *BONITA SPRINGS FL 34135* *# 2108*

TITLE *V*
NAME *VOSS, PHYLLIS J*
STREET ADDRESS *9250 HIGHLAND WOODS*
CITY-ST-ZIP *BONITA SPRINGS FL 34135* *# 2108*

TITLE *V*
NAME *BYRD, MICHAEL S*
STREET ADDRESS *23480 WALDEN CIRCLE*
CITY-ST-ZIP *BONITA SPRINGS FL 34134*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *P*
NAME *Kenneth C Voss*
STREET ADDRESS *9250 Highland Woods Blvd*
CITY-ST-ZIP *BONITA Springs FL 34135* *# 2108*

TITLE *V*
NAME *PHYLLIS J VOSS*
STREET ADDRESS *9250 Highland Woods Blvd*
CITY-ST-ZIP *BONITA Springs FL 34135* *# 2108*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 empowered.

SIGNATURE:

Phyllis J Voss
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02
 Date

941 949-6653
 Daytime Phone #

0662770 (9/01)