

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT #	753069751	PO2 000039695
1. Entity Name		
QUANTUM PROCESSING SERVICES, INC.		

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5935 US 27 N STE 106B		Suite, Apt. #, etc.	
City & State		City & State	
SEBRING, FL			
Zip	Country	Zip	Country
33870			

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
75-3069751		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
STEFFNER, JODIE L.	
Street Address (P.O. Box Number is Not Acceptable)	
2409 W. OZARK ROAD	
City	Zip Code
AVON PARK	FL 33825

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11.	
TITLE	PD	TITLE		U00000155317	
NAME	STEFFNER, JODIE L.	NAME		05/05/04-80032-008	150.00
STREET ADDRESS	2409 W. OZARK RD.	STREET ADDRESS			
CITY-ST-ZIP	AVON PARK, FL. 33825	CITY-ST-ZIP			
TITLE	VPD	TITLE			
NAME	HENDERSON, BRANDON	NAME			
STREET ADDRESS	5935 US 27 N STE. 106B	STREET ADDRESS			
CITY-ST-ZIP	SEBRING, FL. 33870	CITY-ST-ZIP			
TITLE	STD	TITLE			
NAME	KURTH, DOROTHY L.	NAME			
STREET ADDRESS	1604 W. ORANGEWOOD CT.	STREET ADDRESS			
CITY-ST-ZIP	AVON PARK, FL. 33825	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JODIE L. STEFFNER, PRESIDENT** **3-12-04** **863-402-2244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #