

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90176 039 ***150.00

DOCUMENT # P0200044014

1. Entity Name
QUALCOR, INC.



Principal Place of Business
P.O. BOX 620672
OVIEDO, FL 32765

Mailing Address
P.O. BOX 620672
OVIEDO, FL 32765

2. Principal Place of Business
1191 Sawmill CT
Suite, Apt. #, etc.

3. Mailing Address
PO Box 620672
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Winter Park FL

City & State
OVIEDO FL

4. FEI Number
012672364

Applied For
 Not Applicable

Zip
32792

Country
USA

Zip
32762

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEIDENTHALER, DAVID
1191 SAWMILL CT.
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

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

David E. Heidenthaler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

4-19-02

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$200.00
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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------------|------------------|-----------------------|---------------------------------|
| P | HEIDENTHALER, CARIDAD | 1191 SAWMILL CT. | WINTER PARK, FL 32792 | <input type="checkbox"/> |
| V | HEIDENTHALER, DAVID | 1191 SAWMILL CT. | WINTER PARK, FL 32792 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

David E. Heidenthaler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19/03 407-620-6276

Date

Daytime Phone #

MR. DAVID E. HEIDENTHALER

CFR2E034 (10/02)