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

9/18/2003-90030-012-\$150.00-\$150.00

DOCUMENT # P02000051166  1. Entity Name  QCSP QUALITY CUSTOMER SERVICE PROVIDERS, INC.								FILED 03 SEP 29 PM 5: 27					
Principal Place of Business 1450 NW 174TH STREET MAINI FL 33169			1450	Mailing Address 1450 NW 174TH STREET MAIM FL 33169				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business				3. Mailing Address						)   <b>        </b>	1 <b>1</b> 111 111	H HALAH HALA	<b>  1111   1111   1111  </b>
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FE	El Number Q3 - C	4413	3	<del></del>	oplied For of Applicable
Zip	Country  6. Name and Address of Current					Country			ertificate of Status Desir		Fe	8.75 Ade e Require	
		Name * *		7. Na	ame and Address of No	w Registe	red Ag	ent					
CODRINGTON, JUANITA					-	Street Address (P.O. Box Number is Not Acceptable)							
1450 NW 174TH ST MAIMI FL 33169												<del></del>	
					City						FL	Zip Cod	е
	named entity ions of regist		t for the purp	oose of changing its r	egistere	d office or re	gistere	d ager	nt, or both, in the State of	of Florida. I	am tan	nillar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered as	ent and title if app	olicable. (NOTE:	Registered	Agent signature	required v	when rein	stating)	D/	ATE		
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.0 Make Check Payable to Florida Department of S										May Be			
10. OFFICERS AND			ND DIRECTO	DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR				S IN 11		
TITLE * NAME STREET ADDRESS CITY-ST-ZIP	P CODRING 1450 NW MIAMI FL			☐ Celete							ָ	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ť	TON, ARTHUR 174TH ST		☐ Deletæ							C	Change	☐ Addition
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CITY-ST-ZIP						ST-ZIP				, <u></u>			
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TITLE		<del></del>		☐ Delete	TITLE						Ē	1 Change	Addition

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 supplied ental 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CR2E034 (4/03)

attachment

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# POZ U 0005 1166

September 12, 2003

Florida Dept. of State Divisions of Corporations

RE: Late Uniform Business Report for QCSP Quality Customer Service Providers, Inc.

This letter is to request a waiver of the late charges for my-UBR-Report. The accounting firm that handled my Incorporation did advise me of the fact that I would have to reregister my corporation each year. When I spoke with them on numerous occasions this year, from February through June, (because they were handling my corporate tax filing), I questioned them several times about the notice I was to receive regarding this matter. I was advised that they were handling it. So when I received this notice in July, out of ignorance, assuming this to be another form of solicitation (as I had received numerous since becoming incorporated) I did not pay attention to it. This was the first notice I did receive regarding this and was not formerly aware of when this registration was initially required.

Based on this information, please consider waiving the late fees. I have enclosed a check for \$150.00 to cover the initial UBR fee. I am now aware of the filing dates and will be on a timely matter in the future.

Juanita Codrington