FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90043 020 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000057850

1. Entity Name

Quality Financial Consultants, Inc.

DO NOT WRITE IN THIS SPACE

20022716

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6818 Tumbleweed Trail	6818 Tumbleweed Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State: Bradenton, FL
Zip: 34202 Country: USA	Zip: 34202 Country: USA

4. FEI Number: 65-1080529 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: George L. Sanchez

Street Address (P.O. Box Number is Not Acceptable): 6818 Tumbleweed Trail

City: Bradenton **FL** Zip Code: 34202

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 _____ January 27,2003

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
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	George L. Sanchez 6818 Tumbleweed Trail Bradenton, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jennifer G. Sanchez 6818 Tumbleweed Trail Bradenton, FL 34202
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CR2E032(8/12/02)

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: _____ George L. Sanchez 1/27/2003 (941)704-6534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #