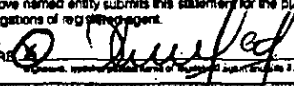
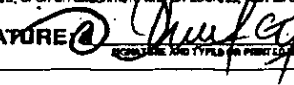


6/21

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000087621					
1. Entity Name QUALITY SHEET METAL, INC.					
Principal Place of Business 7040 SOUTH WEST 19TH MANOR POMPANO BEACH, FL 33068			Mailing Address 7040 SOUTH WEST 19TH MANOR POMPANO BEACH, FL 33068		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FPI Number 01-074-0660					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
☐ CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent PITTER, CARL S 7447 NORTH WEST 67TH ST. TAMARAC, FL 33319			7. Name and Address of New Registered Agent Name: GEORGES JOSEPH L. Street Address (P.O. Box Number is Not Acceptable): 7040 SOUTH WEST 19TH MANOR City: POMPANO BEACH FL Zip Code: 33068		
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: 					
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GEORGES, JOSEPH L.		NAME		
STREET ADDRESS	7040 SOUTH WEST 19TH MANOR		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33068		CITY-ST-ZIP		
TITLE	VSTD	☒ Add	TITLE		☐ Change ☐ Addition
NAME	LUMA, MONFORT		NAME		
STREET ADDRESS	7040 SOUTH WEST 19TH MANOR		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33068		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 					
6-05-03 954 246-9197					

55050590

CHIEF OF BUREAU (1002)