

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

0093415  
AV

**DOCUMENT #** P02000099173

1. Entity Name  
QBC, INC.



05-09-2003 90148 002 \*\*\*150.00

Principal Place of Business  
1415 CHAFFEE DR.  
SUITE 1  
TITUSVILLE FL 32780

Mailing Address  
1415 CHAFFEE DR.  
SUITE 1  
TITUSVILLE FL 32780



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0553001

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIFF, BERTRAM M  
315 LA PALOMA LN.  
TITUSVILLE FL 32780

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	OLIFF, BERTRAM M	
STREET ADDRESS	315 LA PALOMA LN.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHARP, DAVID W	
STREET ADDRESS	4614 N. INDIAN RIVER DR.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	DIR	<input checked="" type="checkbox"/> Delete
NAME	OLIFF, ANDREW S	
STREET ADDRESS	6235 BANYAN ST.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	KLUPENGER, WILLIAM	
STREET ADDRESS	8601 KIOWA TRAIL	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Bertram O. Olliff* 4/30/03 321-385-2860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)