

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

05-01-2003 90234 025 ***150.00

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

DOCUMENT # P02000124849

1. Entity Name

QUALITY FIRST AID & SAFTY, INC.



Principal Place of Business
1260 CHESSINGTON CIR
HEATHROW FL 32746

Mailing Address
1260 CHESSINGTON CIR
HEATHROW FL 32746

55043231



2. Principal Place of Business

3. Mailing Address

5224 State Rd 46 RM 302

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sanford, FL

Sanford, FL

Zip

Country

Zip

Country

32771-9230

USA

4. FEI Number

134223193

Applied For

Not Applicable

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

ADAMS, VICKIE

1260 CHESSINGTON CIR

HEATHROW FL 32746

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

Vickie Adams

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

(NOTE: Registered Agent signature required when releasing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Vickie Adams President
1260 Chessington Circle
Heathrow, FL 32746

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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:

Vickie Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)