

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000098988

FILED
Sep 21, 2005
Secretary of State

Entity Name: QBRESOURCE OF NORTH FLORIDA, INC.

Current Principal Place of Business:

1420 N 3RD STREET
JACKSONVILLE, FL 32250

New Principal Place of Business:

1470 LINDSEYS CROSSING DRIVE
JACKSONVILLE, FL 32218

Current Mailing Address:

1470 LINDSEYS CROSSING DRIVE
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 20-0237698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

RAMOS, TAMMY K P
1470 LINDSEYS CROSSING DRIVE
JACKSONVILLE, FL 32218 US

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.

SIGNATURE: TAMMY RAMOS

09/21/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMOS, TAMMY K
Address: 1470 LINDSEYS CROSSING DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD () Delete
Name: BAXLEY, DIANE
Address: PO BOX 1921
City-St-Zip: ARCADIA, FL 34265

Title: VSD () Delete
Name: BAXLEY, GEORGE F
Address: PO BOX 1921
City-St-Zip: ARCADIA, FL 34265

Title: VTD () Delete
Name: SANTIAGO-RAMOS, HUGH S
Address: 1470 LINDSEYS CROSSING DR
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY K. RAMOS

P

09/21/2005

Electronic Signature of Signing Officer or Director

Date