FOR PROFIT CORPORATION
2006 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2006 8:00 am
Secretary of State
04-12-2006 90092 037 ***150.00

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1. Entity Name

DCM QUALITY SERVICES INC.

20028588

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7421 1st ST NE	7421 1st ST NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETERSBURG, FL 33702	City & State: ST PETERSBURG, FL 33702
Zip: 33702-5411 Country: PINELLAS	Zip: 33702-5411 Country: PINELLAS

4. FEI Number: 20-3114000 ☐ 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: DOUGLAS C. MARSH

Street Address (P.O. Box Number is Not Acceptable): 7421 1st ST NE

City: ST PETERSBURG, FL Zip Code: 33702

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOUGLAS C. MARSH
STREET ADDRESS	7421 1st ST NE
CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Douglas C. Marsh Douglas C. Marsh 4/5/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #