2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2001 8:00 am Secretary of State **DOCUMENT # P92000007354** 1. Entity Name QUALITY TIME, INC. 05-11-2001 90115 033 ***150.00 Principal Place of Business Mailing Address 1870 WOODRING R 1870 WOODRING R SANIBEL FL 33957 SANIBEL FL 33957 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0370902 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Г Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -HILLEBRANDT.-WF Street Address (P.O. Box Number is Not Acceptable) 1870 WOODRING RD SANIBEL FL 33957 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition HILLEBRANDT, WILLIAM F NAME 1870 WOODRING RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANIBEL FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HILLEBRANDT, TINA J NAME STREET ADDRESS 1870 WOODRING RD STREET ADDRESS CITY-ST-7IP SANIBEL FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HILLEBRANDT, WILLIAM NAME NAME STREET ADDRESS 1870 WOODRING RD STREET ADDRESS CITY-ST-7IP SANIBEL FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HILLEBRANDT, TINA J NAME NAME 1870 WOODRING RD STREET ADDRESS STREET ADDRESS SANIBEL FL CITY-ST-7IP 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

13. I hereby certify that the information supplied with this filling 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR