

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90047 010 ***150.00

DOCUMENT # **P93000022544**

1. Entity Name
TQM ASSOCIATES, INC.

Principal Place of Business Mailing Address
9356 FOX TROT LANE **9356 FOX TROT LANE**
BOCA RATON FL 33496 **BOCA RATON FL 33496**
US **US**

2. Principal Place of Business 3. Mailing Address
3594 S. Ocean Blvd **3594 S. Ocean Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
#603 **#603**

City & State City & State
Highland Beach FL **Highland Beach FL**
Zip Country Zip Country
33487 **USA** **33487** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0400819** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RUNGE, DEBORAH A
9356 FOX TROT LANE
BOCA RATON FL 33496

7. Name and Address of New Registered Agent
Name **Deborah A Runge**
Street Address (P.O. Box Number is Not Acceptable) **3594 South Ocean Blvd.**
Suite 603
City **Highland Beach** FL Zip Code **33487**

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 *Deborah A. Runge* 1/06/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	RUNGE, DEBORAH A
STREET ADDRESS	9356 FOX TROT LANE
CITY-ST-ZIP	BOCA RATON FL
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah A. Runge* 1/6/00 561 330 4242
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)