

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2002 8:00 am
Secretary of State

02-05-2002 90031 044 ***150.00

DOCUMENT # P93000022544

1. Entity Name
TQM ASSOCIATES, INC.

Principal Place of Business

3594 S. OCEAN BLVD.
#603
HIGHLAND BEACH FL 33487
US

Mailing Address

3594 S. OCEAN BLVD.
#603
HIGHLAND BEACH FL 33487
US

2. Principal Place of Business

3594 S. Ocean Blvd
Suite, Apt. #, etc.
301

3. Mailing Address

3594 S. Ocean Blvd
Suite, Apt. #, etc.
301

City & State

Highland Beach FL

City & State

Highland Beach FL

Zip

33487

Country

US

Zip

33487

Country

US

6. Name and Address of Current Registered Agent

RUNGE, DEBORAH A
3594 SOUTH OCEAN BLVD.
SUITE 301
HIGHLAND BEACH FL 33487

7. Name and Address of New Registered Agent

Name
Runge, Deborah A.
Street Address (P.O. Box Number is Not Acceptable)
3594 S. Ocean Blvd
Suite 301
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/02

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	RUNGE, DEBORAH A	9356 FOX TROT LANE	BOCA RATON FL	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PRESIDENT RUNGE, DEBORAH A	3594 S. Ocean Blvd # 301	Highland Bch. FL. 33487	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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			
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/18/02 561 330 6242

CR2E034 (9/01)