

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022544

1. Entity Name  
TQM ASSOCIATES, INC.



**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90071 036 \*\*\*150.00

0902005  
AV

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.  
# 503  
City & State  
Highland Beach FL  
Zip  
33487  
Country  
US

3. Mailing Address  
3594 S Ocean Blvd  
Suite, Apt. #, etc.  
# 503  
City & State  
Highland Beach FL  
Zip  
33487  
Country  
US

☐ CHECK HERE IF MAKING CHANGES

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  
3594 SOUTH OCEAN BLVD.  
SUITE 301  
HIGHLAND BEACH FL 33487

## 7. Name and Address of New Registered Agent

Name: DEBORAH RUNGE  
Street Address (P.O. Box Number is Not Acceptable)  
3594 S Ocean Blvd  
# 503  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Deborah Runge*  
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUNGE, DEBORAH A 3594 S OCEAN BLVD # 503 HIGHLAND BEACH FL 33487	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUNGE, DEBORAH A 3594 South Ocean Blvd # 503 Highland Beach FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: *Deborah Runge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/03 (561) 330 6242  
Date Daytime Phone #

CR2E034 (4/03)

Attachment

80134964  
# P93000022544

TQM ASSOCIATES  
3594 South Ocean Blvd  
Suite 503  
Highland Beach, FL 33487

July 29, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

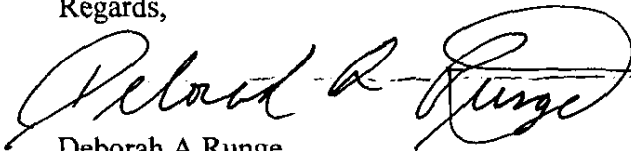
Attention: UBR Processing

To whom it may concern,

Please note that I never received the initial notification for the UBR form. The reason is because you do not have my correct address. My address Suite # is 503 not 603. Then in the body of the form you state suite# 301. Thanks to a good neighbor forwarding me this form I have been able to see all of the errors and edit the enclosed form. I was advised to pay the in initial fee of \$150.00 per my correspondence via e-mail with your website. I have attached this correspondence for you review. Please accept my check in the amount of \$150.00 as full and final payment for year 2003

Thank you for your cooperation in this matter and please update my files accordingly

Regards,



Deborah A Runge  
President  
TQM ASSOCIATES