

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90948 016 ***150.00

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DOCUMENT # P93000022582

1. Entity Name

VANGUARD QUALITY BUILDERS, INC.



Principal Place of Business

**THE VANGUARD GROUP
9300 N. 16TH ST
TAMPA FL 33612
US**

Mailing Address

**THE VANGUARD GROUP
9300 N. 16TH ST
TAMPA FL 33612
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3173369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MOYER, ROBERT J. JR.
THE VANGUARD GROUP
9300 N. 16TH ST
TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name **MOYER, ROBERT J. JR.**
Street Address (P.O. Box Number is Not Acceptable) **VANGUARD GROUP**
9300 N. 16TH STREET
City **TAMPA** FL **33612**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4-4-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	MOYER, ROBERT J
STREET ADDRESS	9300 N. 16TH ST
CITY-ST-ZIP	TAMPA FL 33612
TITLE	D <input type="checkbox"/> Delete
NAME	MOYER, JANET S
STREET ADDRESS	9300 N. 16TH ST
CITY-ST-ZIP	TAMPA FL 33612
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

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

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-4-03**

DAYTIME PHONE # **(813) 930-8036**

CR2E034 (10/02)