

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90012 027 ***550.00

014619 SP

DOCUMENT # P93000043512

1. Entity Name

QUALITY REALTY & INVESTMENTS, INC.

Principal Place of Business

**290 HIGHWAY 17 NORTH
 BARTOW FL 33830**

Mailing Address

**290 HIGHWAY 17 NORTH
 BARTOW FL 33830**

2. Principal Place of Business

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3190341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**AGNER, DANIEL P
 290 HIGHWAY 17 NORTH
 BARTOW FL 33830**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

9/11/01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **P** ☐ Delete

NAME **ANGER, DANIEL P**
 STREET ADDRESS **395 PEACE RIVER ROAD**
 CITY-ST-ZIP **BARTOW FL**

TITLE **VP** ☐ Delete

NAME **AGNER, DANIEL P.**
 STREET ADDRESS **2965 PEACH RIVER ROAD**
 CITY-ST-ZIP **BARTOW FL**

TITLE **S** ☐ Delete

NAME **AGNER, DANIEL P.**
 STREET ADDRESS **2965 PEACE RIVER ROAD**
 CITY-ST-ZIP **BARTOW FL**

TITLE **T Agner** ☐ Delete

NAME **AGNER, DANIEL P**
 STREET ADDRESS **2965 PEACE RIVER ROAD**
 CITY-ST-ZIP **BARTOW FL**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/11/01 863-533-7994

CR2E034 (5/01)