## **20Q1 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EUCENE F. CLEMENT, JR., PRESIDENT

## Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P93000065281 QC INVESTMENTS, INC. 04-12-2001 90181 019 \*\*\*150.00 Principal Place of Business Mailing Address 101 E 23RD ST 101 E 23RD ST UUU35232 PANAMA CITY FL 32405 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3203024 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLEMENT, EUGENE F JR Street Address (P.O. Box Number is Not Acceptable) 101 E 23RD ST 2ND FLOOR PANAMA CITY FL 32405 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Delete TITLE ☐ Change TITLE CLEMENT, EUGENE F JR NAME NAME STREET ADDRESS STREET ADDRESS 101 E 23RD STREET CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 ST ☐ Delete TITLE ☐ Change ☐ Addition TITLE QUALLS, AL P JR NAME NAME STREET ADDRESS STREET ADDRESS 101 E 23 STR CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Change -☐ Addition TITLE ' Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

APRIL 10, 12001

850-769-3207

Daytime Phone #