2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P93000065281

DOCUMENT # 1. Entity Name



Mar 21, 2003 8:00 am ≤ Secretary of State

03-21-2003 90091 009 ***150.00 **FILED**

QC INVESTMENTS, INC.				05 21 2005 90091 009 150.00
Principal Place of Business 101 E 23RD ST PANAMA CITY FL 32405		Mailing Address 101 E 23RD ST PANAMA CITY FL 32405		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3203024 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
CLEMENT, EUGENE F JR		ر الحولات تولاي الأمام والأمام	Name.	
101 E 231	RD ST		Street Address	ess (P.O. Box Number is Not Acceptable)
2ND FLOOR				
PANAMA CITY FL 32405		-	City	FL Zip Code
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its r	egistered office or regist	gistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE:	Registered Agent signature requir	rquired when reinstating) DATE
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 \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEMENT, EUGENE F JR 101 E 23RD STREET PANAMA CITY FL 32405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	st Qualls, al P Jr 101 e 23 str Panama city fl 32405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ 1 2 →	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information cumplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

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 empowered.

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 03/20/03

(850) 769-3207

Date

Daytime Phone #