

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90034 028 ***150.00

DOCUMENT # P93000070530

1. Entity Name
JALIMI QUALITY, INC.



Principal Place of Business

~~5621 SOLERA COURT~~
~~FORT MYERS FL~~

Mailing Address

~~5621 SOLERA COURT~~
~~FORT MYERS FL~~

2. Principal Place of Business

6225 Presidential Ct

Suite, Apt. #, etc.

Suite D

City & State

Ft. Myers FL

Zip

33919

Country

USA

3. Mailing Address

6225 Presidential Ct

Suite, Apt. #, etc.

Suite D

City & State

Ft. Myers FL

Zip

33919

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0441979**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISINGER, MAX J

~~5621 SOLERA COURT~~

~~FORT MYERS FL 33919~~

7. Name and Address of New Registered Agent

Name

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

6225 Presidential Ct

Suite D

City

Ft. Myers

FL

Zip Code

33919

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)

2/14/03
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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete

NAME **WEISINGER, MAX J**

STREET ADDRESS ~~5621 SOLERA COURT~~

CITY-ST-ZIP ~~FORT MYERS FL 33919~~

TITLE **VSD** ☐ Delete

NAME **WEISINGER, USA**

STREET ADDRESS ~~5621 SOLERA COURT~~

CITY-ST-ZIP ~~FORT MYERS FL 33919~~

TITLE **VTD** ☐ Delete

NAME **WEISINGER, MICHELE**

STREET ADDRESS ~~5621 SOLERA COURT~~

CITY-ST-ZIP ~~FORT MYERS FL 33919~~

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **6225-D Presidential Ct**

STREET ADDRESS **Ft. Myers FL 33919**

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **6225-D Presidential Ct**

STREET ADDRESS **Ft. Myers FL 33919**

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **6225-D Presidential Ct**

STREET ADDRESS **Ft. Myers FL 33919**

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

UNNOTARIZED REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03
Date

839-657-4421
Daytime Phone #

CP2E034 (10/02)