FILED

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

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 28, 2003 8:00 am Secretary of State P93000075195 DOCUMENT # 04-28-2003 91319 040 ***150.00 1. Entity Name QUALITY BOILER & EQUIPMENT, INC. Principal Place of Business Mailing Address 13417 BRADLEY DRIVE 13417 BRADLEY DRIVE DADE CITY FL 33525 DADE CITY FL 33525 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 Applied For 59-3189553 Not Applicable Zip Country Zip 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 DOWNEY, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 13417 BRADLEY DRIVE DADE CITY FL 33525 Zip Code City 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. PEIL 23, 2003 SIGNATURE **Luhata** Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition Delete TITI F DOWNEY, PATSY A NAME NAME · · 13417 BRADLEY DR STREET ADDRESS STREET ADDRESS CITY ST-ZIP DADE CITY FL . CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE DOWNEY, RICHARD L NAME NAME 13417 BRADLEY DR STREET ADDRESS STREET ADDRESS DADE CITY FL-- - . CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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