

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91205 003 ***150.00

DOCUMENT # P94000041894

1. Entity Name
QUALITY PLYWOOD SPECIALTIES, INC.

Principal Place of Business **Mailing Address**
3241-118TH AVE 4500-110 AVE. N. **3241-118TH AVE 4500-110TH AVE. N.**
ST. PETERSBURG, FL 33716 **ST. PETERSBURG, FL 33716**
US CLEARWATER, FL 33762 **US CLEARWATER, FL 33762**

2. Principal Place of Business **3. Mailing Address**
4500 110th Ave. N. **4500 110th Ave. N.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Clearwater, FL **Clearwater, FL**
Zip **Country** **Zip** **Country**
33762 **USA** **33762** **USA**

4. FEI Number **59-3250367** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JANKOWSKI, MICHAEL A
3241-118TH AVENUE 4500-110TH AVE. N.
ST. PETERSBURG, FL 33716
CLEARWATER, FL 33762

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	JANKOWSKI, MICHAEL A
STREET ADDRESS	P.O. BOX 741
CITY-ST-ZIP	CRYSTAL BEACH FL 34681
TITLE	D <input type="checkbox"/> Delete
NAME	JANKOWSKI, CONNIE J
STREET ADDRESS	P.O. BOX 741
CITY-ST-ZIP	CRYSTAL BEACH FL 34681
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4500 110th Ave. N.
CITY-ST-ZIP	Clearwater, FL 33762
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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. **Michael A. Jankowski**

SIGNATURE: _____ **4-25-02** **(727) 572-0500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)