

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000062290**

1. Entity Name

QUALITY BRANDS, INC.**FILED**
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90478 044 ***150.00

0474731

Principal Place of Business

Mailing Address

**680 MAIN ST.
LAKE HELEN FL 32744****680 MAIN ST.
LAKE HELEN FL 32744**

2. Principal Place of Business

1290 E. Int'l Speedway

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1450

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DeLand, FL

City & State

DeLand, FL

4. FEI Number

59-3264780

Applied For

Not Applicable

Zip

32724

Country

USA

Zip

32721-1450

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERSON, ROBERT C
680 MAIN ST.
LAKE HELEN FL 32744**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ROBERSON, ROBERT C**
STREET ADDRESS **2024 MERCERS FERNERY RD**
CITY-ST-ZIP **DELAND FL 32720**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ROBERSON, HELENE B**
STREET ADDRESS **1121 N HALIFAX DR**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **ROBERSON JOANNE M**
STREET ADDRESS **2024 MERCERS FERNERY RD**
CITY-ST-ZIP **DELAND FL 32720**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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.

SIGNATURE:

Robert C. Roberson 2/22/01 904-738-3808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)