**FILED** 

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

## Apr 25, 2003 8:00 am Secretary of State P94000067814 DOCUMENT # 04-25-2003 90211 027 \*\*\*150.00 1. Entity Name QUALITY MANUFACTURING COMPANY, INC. Principal Place of Business Mailing Address **41010064** 286 EAST PALMETTO AVENUE 286 EAST PALMETTO AVENUE LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. TO CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3274653 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 BOHRMANN, GEORGE Street Address (P.O. Box Number is Not Acceptable) 286 EAST PALMETTO AVENUE LONGWOOD FL 32750 City 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. 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME BOHRMANN, GEORGE NAME 169 POST & RAIL ROAD STREET ADDRESS STREET ADORESS LONGWOOD FL 32750 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE Delete Addition BOHRMANN, BONITA NAME NAME 169 POST & RAIL ROAD STREET ADDRESS STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIP CITY-ST-ZIP TITLE D. ☐ Delete TITLE ☐ Change Addition **BOHRMANN, TODD** NAME NAME STREET ADDRESS STREET ADDRESS **4212 RED OAK DRIVE** CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 entrustee 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,

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP