

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000073631

1. Entity Name
QUALITY FIRST PAINTING, INC.

Principal Place of Business

4532 25TH CT SW
NAPLES FL 34116

Mailing Address

4532 25TH CT SW
#6
NAPLES FL 34116

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

NEWMAN, FRANCIS D
4532 25TH CRT SW
NAPLES FL 34116

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

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NEWMAN, FRANCIS	
STREET ADDRESS	4532 25TH CRT SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, SHANE	
STREET ADDRESS	4532 25TH CRT SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, JARAD	
STREET ADDRESS	2185 GREENBACK CIRCLE APT 200	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWMAN, RENEE	
STREET ADDRESS	4532 25TH CT SW	
CITY-ST-ZIP	NAPLES FL 34116	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANE ALEXANDER	
STREET ADDRESS	4532 25TH CT SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	Sec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTINE ALEXANDER	
STREET ADDRESS	4532 25TH CT SW	
CITY-ST-ZIP	NAPLES FL 34116	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90361 038 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0525067

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)