

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080125

1. Entity Name

QUALITY MANAGEMENT EXCHANGE, INC.

Principal Place of Business

3333 S ATLANTIC AVE
STE 1101
DAYTONA BEACH SHORES FL 32118
US

Mailing Address

PO BOX 219204
PORT ORANGE FL 32129
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3277021

Applied For

Not Applicable

5. 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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBISON, JAMES D 3333 S ATLANTIC AVE, STE 1101 DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBISON, AMY S 3333 S ATLANTIC AVE., STE. 1101 DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1/31/00
Date

(904) 767 0023
Daytime Phone #

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90056 001 ***150.00
07-28-2000 90056 002 ***400.00



DO NOT WRITE IN THIS SPACE

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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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ROBISON, JAMES D
STREET ADDRESS 3333 S ATLANTIC AVE, STE 1101
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME ROBISON, AMY S
STREET ADDRESS 3333 S ATLANTIC AVE., STE. 1101
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 767 0023

Attachment
to 19025

DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

DOC# P94000080125

19025

Susan B. Glass, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANT

(904) 253-0706
(904) 253-9583 FAX

346 S. PALMETTO AVENUE
DAYTONA BEACH, FL 32114-4920

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

June 8, 2000

Dear Sirs,

Enclosed please find check #1904 dated 1/31/2000 for \$150. This check is for the 2000 annual report, which is being filed late. Please consider abatement of the \$400 penalty for late filing. The taxpayer included this in with their tax information, which is on extension. The tax preparer was unaware that the filing had not been mailed.

Thank you in advance for your consideration regarding this matter. If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Susan B. Glass

Susan B. Glass, C.P.A.