

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

DOCUMENT # **P94000080125**

1. Entity Name
QUALITY MANAGEMENT EXCHANGE, INC.



**FILED
Feb 10, 2003 8:00 am
Secretary of State**

02-10-2003 90236 041 ***150.00

90021686



CHECK HERE IF MAKING CHANGES

Principal Place of Business
3333 S ATLANTIC AVE
STE 1101
DAYTONA BEACH SHORES FL 32118
US

Mailing Address
219204
PORT ORANGE FL 32129

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 | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|--|

6. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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. 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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| 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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (10/02)

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(386)
2/5/03 **767-0023**

Daytime Phone #