

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 30, 2001 8:00 am**
Secretary of State

03-30-2001 90316 030 ***150.00

0044845

DOCUMENT # P95000011173

1. Entity Name

QUALITY & ENGINEERING SERVICES, INC.

Principal Place of Business

**47 CRAYCROFT AVE.
DEBARY FL 32713
US**

Mailing Address

**P.O. BOX 1004
DEBRAY FL 32713**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

47 Craycroft Ave

Suite, Apt. #, etc.

P.O. Box 1004

City & State

DeBary FL

City & State

DeBary FL

Zip

32713

Country

Volusia

Zip

32713

Country

Volusia

6. Name and Address of Current Registered Agent

**JEFFRIES, DAVID M ESQ.
BUSH ROSS GARDNER WARREN & RUDY, P.A.
220 S. FRANKLIN STREET
TAMPA FL 33602**

4. FEI Number

65-0556519

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



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

03-27-01**NO change required (JDK)**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	P	<input type="checkbox"/> Delete
NAME	KING, JOHN D	
STREET ADDRESS	47 CRAYCROFT AVE.	
CITY-ST-ZIP	DEBARY FL 32713	

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

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

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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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

John D. King**3/27/01**
Date**407 608 1768**
Daytime Phone #

CR2E034 (10/00)