2002 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P95000011173 ~ 1. Entity Name *02 OCT 28 PM 12: 11 QUALITY & ENGINEERING SERVICES, INC. SECRETARY OF STATE FLORIDA Principal Place of Business Mailing Address 47 CRAYCROFT AVE. P.O. BOX 1004 **DEBARY FL 32713** DEBRAY FL 32713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. City & State City & State 4. FEI Number Applied For 65-0556519 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent: Name JEFFRIES, DAVID M ESQ. Street Address (P.O. Box Number is Not Acceptable) BUSH ROSS GARDNER WARREN & RUDY, P.A. 220 S. FRANKLIN STREET TAMPA FL 33802 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 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Change NAME KING, JOHN D NAME **0000008604290** 1/28/02--01028--002 **15 STREET ADDRESS 47 CRAYCROFT AVE. STREET ADDRESS CITY-SI-ZIP **150.00 DEBARY FL 32713 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-21P I hereby certify that the information supplied with this filling 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 trusted emporeered 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 addless, with all other like empowered. SIGNATURE: GUIRED



Quality & Engineering Services, Inc.

87-31 19

September 20, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 150 Tallahassee, FL 32302-150

Dear Sir or Madam:

I spoke to a representative of the Division of Corporations and she advised me to send this letter to request a waiver to the late fees for filing my annual report. I did not get the forms due to me not this address for some time due to a personal matter. I did not receive some of my-mail; and this was one item that I did not receive, but discovered it at this time. I would very much appreciate this waiver at this time and I assure you of a timely filing in the future. I am sending a check for \$150.00 at this time, which was advised to me by your representative. Thank you for your consideration in this matter.

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John D. Kink

President/Owner