

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91242 001 \*\*\*550.00

0425508

**DOCUMENT # P95000020459**

1. Entity Name

**INSTITUTE FOR QUALITY DYNAMICS, INC.**

Principal Place of Business

2167 CITRUS HILL LANE  
 PALM HARBOR FL 34683

Mailing Address

2167 CITRUS HILL LANE  
 PALM HARBOR FL 34683

**551598**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4517 Castaway Dr #3  
 Suite, Apt. #, etc.  
 #3

3. Mailing Address

4517 Castaway Dr #3  
 Suite, Apt. #, etc.  
 #3

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3303717

Applied For

Not Applicable

Zip

33615

Country

Hillsborough

Zip

33615

Country

Hillsborough

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER  
 343 ALMERIA AVE.  
 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.

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 P ☐ Delete  
 NAME BALDI, JUAN C  
 STREET ADDRESS 2167 CITRUS HILL LANE  
 CITY-ST-ZIP PALM HARBOR FL 34683

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
 NAME BALDI, JUAN C.  
 STREET ADDRESS 4517 Castaway Dr #3  
 CITY-ST-ZIP Tampa, FL 33615-5174

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/18/01 (813) 806-1924

CR2E034 (10/00)