

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036170

1. Entity Name  
QUALITY SERVICE LEADERSHIP, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90273 046 \*\*\*150.00

Principal Place of Business

511 BAYSHORE DRIVE  
805  
FT. LAUDERDALE FL 33304

Mailing Address

511 BAYSHORE DRIVE  
805  
FT. LAUDERDALE FL 33304

2. Principal Place of Business

511 BAYSHORE

Suite, Apt. #, etc.

OK

3. Mailing Address

Suite, Apt. #, etc.

OK

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0597734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOSS, BARBARA D  
1160 N. FEDERAL HIGHWAY  
UNIT 1013  
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name MOSS, BARBARA D.

Street Address (P.O. Box Number is Not Acceptable)

511 BAYSHORE DRIVE  
# 805

City FT. LAUDERDALE

FL

Zip Code 33304

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 Barbara D. Moss

Signature, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

4/23/01

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 D ☐ Delete  
NAME MOSS, BARBARA D  
STREET ADDRESS 1160 N. FEDERAL HIGHWAY  
CITY - ST - ZIP FT. LAUDERDALE FL 33304

TITLE D ☐ Delete  
NAME MOSS, JACK L  
STREET ADDRESS 1160 N. FEDERAL HIGHWAY  
CITY - ST - ZIP FT. LAUDERDALE FL 33304

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME MOSS, BARBARA D.  
STREET ADDRESS 511 BAYSHORE DR. #805  
CITY - ST - ZIP FT. LAUDERDALE, FL 33304

TITLE ☒ Change ☐ Addition  
NAME MOSS, JACK L  
STREET ADDRESS 4040 W. PALM AVE DRIVE #107  
CITY - ST - ZIP POMPAUNO BEACH, FL 33069

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

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

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

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 like empowered.

SIGNATURE: Barbara D. Moss, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

954-537-  
7711

Daytime Phone #

CR2E034 (10/00)