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

## **DOCUMENT #**

P95000038233

1. Entity Name

QB INK MASTERS, INC.



## FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90135 002 \*\*\*150.00

Principal Place of Business 7314 WEST KNIGHTS GRIFFIN ROAD PLANT CITY FL 33565				Mailing Address 7314 WEST KNIGHTS GRIFFIN ROAD PLANT CITY FL 33565								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State				FEI Number <b>59-3329222</b>		-	pplied For	
Zip	Country			Zip Coun			try 5. Certificate of Status			.75 Ad	Iditional	
6. Name and Address of Current F				egistered Agent			7. Name and Address of New Registered Agent					
QUAGLIA, GAYLE, 7314 KNIGHT GRIFFIN ROAD						Name Street Ad	dress (P.O. E	30x Number is Not Acceptable)				
PLANT CITY FL 33565										Zia Cas	40	
						City				Zip Coc		
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				te				Election Campaign Financin     Trust Fund Contribution.	ıg 🗆		00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS	S AND DIF	RECTOR	IS IN 11	
TITLE D NAME CUAGLIA, GAYLE STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33565										Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			*	Delete		T ADDRESS ST-ZIP	· ~			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Delete	TITLE NAME STREE CITY-	T ADDRESS				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP  12. Libereby certify	that the in	oformation supplied with	his filing	Delete	CITY-S		d in Section	119.07(3)(i), Florida Statutes. I furth		Change	Addition	

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 arischment with an address, with all other like empowered.

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1-13-0

813-247-2592