

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9500005555

1. Entity Name

REAL TIME Q.A. SYSTEMS, INC.

**FILED**  
May 21, 2001 8:00 am  
Secretary of State

05-21-2001 90356 021 \*\*\*150.00

769090

DO NOT WRITE IN THIS SPACE

Principal Place of Business 830-13 AIA NORTH #331 PONTEVEDRA BEACH FL 32082		Mailing Address 830-13 AIA NORTH #331 PONTEVEDRA BEACH FL 32082	
2. Principal Place of Business 4131 SUNBEAM ROAD Suite, Apt. #, etc. #350 City & State JACKSONVILLE FL		3. Mailing Address 4131 SUNBEAM ROAD Suite, Apt. #, etc. #350 City & State JACKSONVILLE FL	
Zip 32257	Country DUVAL	Zip 32257	Country DUVAL
4. FEI Number 65-0626160		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BILLINGSLEY, M. TURNER 8192 SEVEN MILE DRIVE PONTEVEDRA BEACH FL 32082		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 \$500.00  
Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMENS, DONALD R. 104 CRAPE MYRTLE DR. PONTEVEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLINGSLEY, M. TURNER 8192 SEVEN MILE DRIVE PONTEVEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, CFO GOTTLIEB, MARTIN J 4131 SUNBEAM RD STE 350 JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  
MARTIN J. GOTTLIEB 4/26/01 (904) 346-3088

CR2034 (11/00)