

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
 04-23-2002 90381 043 ***150.00

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DOCUMENT # P95000059832

1. Entity Name
QUALITY TAPE SUPPLY, INC.

Principal Place of Business
405 DOUGLAS AVE
P.O. BOX 160157
ALTAMONTE SPRINGS FL 32714-0157
US

Mailing Address
PO BOX 160157
ALTAMONTE SPRINGS FL 32716-0157
US



2. Principal Place of Business
1282 Smallwood Dr.

3. Mailing Address
1282 Smallwood Dr.

Suite, Apt. #, etc.
Ste. 120

Suite, Apt. #, etc.
Suite 120

City & State
WALDORF, MD.

City & State
WALDORF, MD.

Zip Country
20603 CHARLES

Zip Country
20603 CHARLES

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3325497**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CATHCART, CHRISTOPHER
210 NORTH WYMORE ROAD
WINTER PARK FL 32789

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, 2002 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
 NAME **PSTD JONES, ROBERT H** ☐ Delete
 STREET ADDRESS **P.O. BOX 160157**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32716**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **1282 Smallwood Dr Ste 120**
 CITY-ST-ZIP **WALDORF, MD. 20603**

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

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

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TITLE
 NAME ☐ Change ☐ Addition
 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: **Robert H. Jones** **4.10.02 (888) 559-5959**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)