2001 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2001 8:00 am DOCUMENT # P96000023365 **Secretary of State** QUALITY INNOVATIONS OF JUNO BEACH, INC. 03-07-2001 90605 027 ***150.00 Principal Place of Business Mailing Address 440 JUPITER LANE 440 JUPITER LANE 120010 JUNO BEACH FL 33408 JUNO BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0661878 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANAHY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) **440 JUPITER LANE** JUNO BEACH FL 33408 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **DPTS** CR2E034 (10/00) ☐ Delete TITLE ☐ Change ☐ Addition TITLE DANAHY, MICHAEL NAME STREET ADDRESS 440 JUPITER LANE STREET ADDRESS CITY-ST-ZIP JUNO BEACH FL 33408 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . 🗀 . Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE: Michael Danahy
SIGNATURE: SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

3/4/1 (561) 266-8430

Change

☐ Change

☐ Addition

☐ Addition