

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025405

1. Entity Name

QA ENTERPRISES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90031 018 ***150.00

Principal Place of Business

3092 SOUTH RIO BAYA STREET
 INDIALANTIC FL 32903

Mailing Address

3092 SOUTH RIO BAYA STREET
 INDIALANTIC FL 32903-3724

2. Principal Place of Business

1015 Wrobel Place

3. Mailing Address

1015 Wrobel Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne FL 32904

City & State

Melbourne FL

4. FEI Number

59-3364705

Applied For

Not Applicable

Zip

32904

Country

USA

Zip

32904

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, J P
 930 SO. HARBOR CITY BLVD. STE 505
 MELBOURNE FL 32901

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	QUINN, BOBBY G	
STREET ADDRESS	3092 SOUTH RIO BAYA STREET	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	QUINN, R D	
STREET ADDRESS	3092 SOUTH RIO BAYA STREET	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	QUINN, NORMA L	
STREET ADDRESS	3092 SOUTH RIO BAYA STREET	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P, V, T, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, Robert D.	
STREET ADDRESS	1015 Wrobel Place	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

R. Quinn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

321-956-0818

Daytime Phone #

CR2E034 (9/99)