

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90106 015 \*\*\*158.75

**DOCUMENT # P96000032764**


1. Entity Name  
**QUALITY PROCESSING CENTER, INC.**

Principal Place of Business <b>1851 WEST INDIANTOWN ROAD          SUITE 102          JUPITER FL 33458</b>	Mailing Address <b>1851 WEST INDIANTOWN ROAD          SUITE 102          JUPITER FL 33458-7908          US</b>
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2. Principal Place of Business <b>3086 Jog Rd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>3086 Jog Rd.</b> Suite, Apt. #, etc.
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City & State <b>Greenacres, FL</b>	City & State <b>Greenacres, FL</b>
Zip <b>33463</b>	Zip <b>33463</b>
Country <b>USA</b>	Country <b>USA</b>

**839511**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LAMB, MOLLIE  
 1851 W. INDIANTOWN RD  
 SUITE 102  
 JUPITER FL 33458**

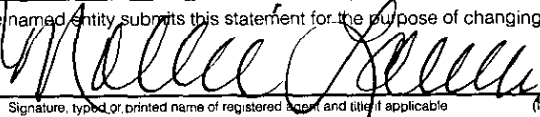
4. FEI Number **65-0666161**

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

7. Name and Address of New Registered Agent

Name **Mollie Lamb**  
 Street Address (R.F.D. Box Number is Not Acceptable) **3086 Jog Rd**  
 City **Greenacres FL** Zip Code **33463**

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  **Mollie Lamb** DATE **4-26-00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

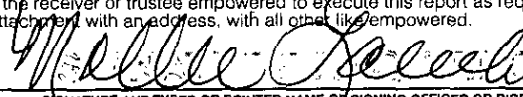
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**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	<b>PST</b>	<input type="checkbox"/> Delete	TITLE	<b>PST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMB, MOLLIE</b>		NAME	<b>Lamb, Mollie</b>	
STREET ADDRESS	<b>1851 W INDIANTOWN RD, SUITE 102</b>		STREET ADDRESS	<b>3086 Jog Rd.</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>		CITY-ST-ZIP	<b>Greenacres, FL 33463</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:  **Mollie Lamb** DATE **4-26-00** Daytime Phone # **561-432-1152**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR