

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000032764**1. Entity Name
QUALITY PROCESSING CENTER, INC.

Principal Place of Business 3086 JOG RD GREENACRES 33463	FL	Mailing Address 3086 JOG RD GREENACRES 33463	FL
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2. Principal Place of Business 3086 JOG RD	3. Mailing Address 3086 JOG RD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State GREENACRES FL	City & State GREENACRES FL
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Zip 33467	Country US	Zip 33467	Country US
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4. FEI Number
65-0666161
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**LAMB MOLLIE**
3086 JOG RD

GREENACRES FL
33463 US**7. Name and Address of New Registered Agent**Name
LAMB MOLLIE
Street Address (P.O. Box Number is Not Acceptable)
3086 JOG RD

City
GREENACRES FL Zip Code
33467

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 _____ **04/17/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LAMB MOLLIE 3086 JOG RD GREENACRES FL 33463	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LAMB MOLLIE 3086 JOG RD GREENACRES FL 33467	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: MOLLIE LAMBPST **04/17/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)