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## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

D OR PRINTED NAME OF SIGNING OFFICER OR I

SIGNATURE:

## Mar 29, 2001 8:00 am DOCUMENT # P96000033983 **Secretary of State** QUILTY CONSTRUCTION, INC. 03-29-2001 90401 021 \*\*\*150.00 Principal Place of Business Mailing Address 216 W. 101ST AVENUE 216 W. 101ST AVENUE TAMPA FL 33612 **TAMPA FL 33612** DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3369702 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QUILTY, DAVID L Street Address (P.O. Box Number is Not Acceptable) 216 W. 101ST AVENUE **TAMPA FL 33612** 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 tered agent and title if applicable 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete 16270 Gator Hole Rd QUILTY, DAVID L NAME STREET ADDRESS STREET ADDRESS 216 W. 101ST AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33612 Change TITLE ☐ Delete TITLE 16270 Gator Hole Rd QUILTY, DEBBEY F NAME NAME Odrssaft 33556 STREET ADDRESS STREET ADDRESS 216 W. 101ST AVENUE CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33612 ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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