FILED -2000 Uniform business report (UBR) Mar 07, 2000 8:00 am DOCUMENT # P96000059021 **Secretary of State** 1. Entity Name QUALITY & MARKETING CONSULTING CORP 03-07-2000 90024 030 ***150.00 Principal Place of Business Mailing Address B0026820 2. Principal Place of Business 3. Mailing Address 720 South Orange Avenue 720 South Orange Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0681659 <u>Sarasota, Florida</u> Not Applicable Sarasota. Florida \$8.75 Additional 5. Certificate of Status Desired 34236 34236 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Peter J. Jaensch David M. Silberstein 2198 Main Street Street Address (P.O. Box Number is Not Acceptable) 720 South Orange Avenue Sarasota, Florida 34237 City Sarasota, 8. The above named ntity submits this state urpose of changing its registered office or registered agent, or both, in the State of Florida. David M. Silberstein 2/14/00 SIGNA (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. D ☐ Delete ☐ Addition NAME Ruth M. Steiner STREET ADDRESS STREET ADDRESS 6495 Woodbirch Place CITY-ST-ZIP CITY-ST-ZIP Sarasota, Florida 34238 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE Change ____ Addition NAME 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 TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filling does not quarty 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Ruth M. Steiner

2/14/00

(941) 364-2481