2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P96000071060 1. Entity Name QUALITY INSPECTION SERVICES OF SOUTH FLORIDA. IN 04-30-2001 90096 043 ***150.00 Principal Place of Business Mailing Address 16434 TEMPLE BLVD 16434 TEMPLE BLVD. LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 AUGOOOS -2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0687905 Not Applicable Zip Country Zip 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 Name YOUMANS, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 16434 TEMPLE BLVD. LOXAHATCHEE FL 33470 City 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 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, 2001 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 Delete TITLE TITLE Change ___ Addition YOUMANS, WILLIAM R NAME NAME STREET ADDRESS 16434 TEMPLE BLVD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LOXAHATCHEE FL 33470 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME SAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP TITL F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 suppliemental 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 12 changed, or on an attachment with an address, with all other fixe empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-7IP

ownaws MATURE AND TYPED OR PRINTED NAME OF SIGNIN G OFFICER OR DIRECTOR

CR2E034 (10/00)