

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

07-25-2003 90094 012 \*\*\*150.00  
P96000071060

DOCUMENT # P96000071060

1. Entity Name

Quality Inspection Services of  
South Florida, Inc.



FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

16434 Temple Blvd.

Suite, Apt. #, etc.

3. Mailing Address

16434 Temple Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Loxahatchee, FL

City & State

Loxahatchee, FL

4. FEI Number

65-0687905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME P. Yumans, William R.  
STREET ADDRESS 16434 Temple Blvd.  
CITY-ST-ZIP Loxahatchee, FL 33470

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/03

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

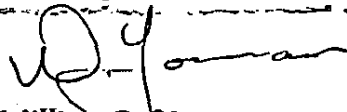
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July 10, 2003

Dear Division of Corporations:

On July 3, 2003, I made a call to your office so that an employee could verify and confirm if our corporation payment of \$150.00 had been received or not by you. I wrote check # 1540 on April 8, 2003 and sent it to you. Your employee checked and confirmed that your office had not received our check. Being a business we always go over our bank statements and checks on the 1st or 2nd day of each month. Therefore, since in the last few years you've always cashed our check in late May or early June, this is the fastest I would know that your check had yet not posted with our bank. Also, your company does not send anything to let a business know when their payment has been received because it was sent out 3 weeks before its due date. Your employee guided me and told me to write a letter explaining what had occurred as I have done and request that you still accept our renewal fee of \$150.00 with this second application that was sent to us by Mr. Thampton by request. I know your due date for this amount is May 1, 2003. However, we did send our check in on April 8, 2003 and we have never received it back and have just put a stop payment on it. Please accept our check for \$150.00 and from now on I will send our mail certified as I am doing today to ensure extra measures with our mail system. Please advise us as soon as you can so that we know this matter has been taken care of.

Thank you,



William R. Youmans  
Quality Inspection Services  
(561) 791-2004