

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

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90171 035 ***158.75

DOCUMENT # *P 96 00091806*

1. Entity Name *QUALITY FOOD VENDING MGMT INC*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *13839 TERN LN*
CLEARWATER, FL

3. Mailing Address
13839 TERN LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER FL.

City & State
CLEARWATER, FL

4. FEI Number
59-3417270

Applied For
Not Applicable

Zip
33762

Country
USA

Zip
33762

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ANN P. CLESAS

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

13839 TERN LN

City *CLEARWATER, FL* Zip Code *33762*

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 _____ (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
STREET ADDRESS
CITY-ST-ZIP
*P
ANN P CLESAS
13839 TERN LN
CLEARWATER, FL 33762*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*V.P. TREAS.
JAMES G CLESAS SR.
13512 FEATHER SOUND CRUISE
CLEARWATER, FL 33762*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*M DIRECTOR COO
JAMES G. CLESAS SR
13839 TERN LN
CLEARWATER, FL 33762*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VP SEC
KIMBERLI COUMAROS
4671 POWE DRIVE
NEW PORT RICHEY FL 34653*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *JAMES G. CLESAS* *James G Clesas* COO 4-26-04 727 573-5446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)