

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000096404**1. Entity Name
QUALITY ASSURANCE PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
301 STATE ROAD 434	301 STATE ROAD 434
SUITE 325	SUITE 325
WINTER SPRINGS FL	WINTER SPRINGS FL
327082567	327082567

2. Principal Place of Business	3. Mailing Address
301 STATE ROAD 434 WEST	301 STATE ROAD 434 WEST

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 325	SUITE 325

City & State	City & State
WINTER SPRINGS FL	WINTER SPRINGS FL

Zip	Country	Zip	Country
327082567		327082567	

4. FEI Number	Applied For
36-4119069	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLUBOCK JANET D
301 STATE ROAD 434
SUITE 325
WINTER SPRINGS FL
327082567

7. Name and Address of New Registered Agent

Name
GOLUBOCK JANET D
Street Address (P.O. Box Number is Not Acceptable)
301 STATE ROAD 434 WEST
SUITE 325
City
WINTER SPRINGS FL Zip Code
327082567

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 _____ 02/25/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	S	<input type="checkbox"/> Delete
NAME	PLAGIANOS MICHELLE P	
STREET ADDRESS	4 PENNINGTON ROAD	
CITY-ST-ZIP	NEW BRUNSWICK NJ 08901	

TITLE	P	<input type="checkbox"/> Delete
NAME	PATTERSON RICHARD J	
STREET ADDRESS	3049 NEW BENN COVE	
CITY-ST-ZIP	OVIEDO FL 32765	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard J. Patterson

P

02/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)