

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 17, 2001 8:00 am**
Secretary of State

05-17-2001 90052 001 ***300.00

DOCUMENT # P97000005253

1. Entity Name

QUALITY DESIGN HOMES, INC.

Principal Place of Business

**308 WEST HIGHLAND DRIVE
LAKELAND FL 33813**

Mailing Address

**308 WEST HIGHLAND DRIVE
LAKELAND FL 33813**

2. Principal Place of Business

1000 West Beacon Rd.

Suite, Apt. #, etc.

Lakeland, FL 33803

City & State

3. Mailing Address

1000 West Beacon Rd.

Suite, Apt. #, etc.

Lakeland, FL 33808

City & State

Zip

33803

Country

USA

Zip

33803

Country

USA

6. Name and Address of Current Registered Agent

**HELESKI, CATHY ANN
308 WEST HIGHLAND DRIVE
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name

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

1000 West Beacon Rd.

City

Lakeland**FL**Zip Code
33803

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3421081**

Applied For

Not Applicable

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HELESKI, CATHY ANN**
STREET ADDRESS **308 WEST HIGHLAND DRIVE**
CITY-ST-ZIP **LAKELAND FL 33813**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Heleski, Cathy Ann**
STREET ADDRESS **1000 West Beacon Rd.**
CITY-ST-ZIP **Lakeland, FL 33803**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Cathy Ann Heleski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-8-2001 863-701-9297
Date Daytime Phone #

CR2E034 (10/00)