

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
 01-31-2001 90026 006 ***150.00

DOCUMENT # P97000023294

1. Entity Name
TOTAL QUALITY CONSTRUCTION SERVICES INC.

Principal Place of Business

**7121 NW 44 LANE
 COCONUT CREEK FL 33073
 US**

Mailing Address

**7121 NW 44 LANE
 COCONUT CREEK FL 33073
 US**

2. Principal Place of Business

7121 NW 44 LANE
 Suite, Apt. #, etc.

3. Mailing Address

7121 NW 44 LANE
 Suite, Apt. #, etc.

City & State

COCONUT CK, FL

City & State

COCONUT CK, FL

Zip

33073

Country

USA

Zip

33073

Country

USA

4. FEI Number

65-0735408

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, MEGAN
 7121 NW 44 LANE
 COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, RYAN M 2411 NE 31 CT LIGHTHOUSE FL 33064	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, MEGAN 5033 NW 11 AVE POMPANO BEACH FL 33064	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RYAN JOHNSON

1/03/01
 Date

954-444-7732
 Daytime Phone #

CR2E034 (10/00)