

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035229

1. Entity Name

QUALICO DEVELOPMENT, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90288 033 ***150.00

Principal Place of Business

2500 STILLWATER CT.
PALM HARBOR FL 34684

Mailing Address

2500 STILLWATER CT.
PALM HARBOR FL 34684-1732

2. Principal Place of Business

2984 WESTCOTT DR.

3. Mailing Address

P.O. Box 521

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL.

City & State

PALM HARBOR, FL.

Zip

34684

Country

USA

Zip

34682

Country

USA

4. FEI Number

59-3450144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRAYNOR, RICHARD
2500 STILLWATER COURT
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name

Joe Szucs

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

2984 Westcott Dr.

City

Palm Harbor

FL

Zip Code

34684

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, 2000 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	VP	<input type="checkbox"/> Delete
NAME	SZUCS, JOE	
STREET ADDRESS	2984 WESTCOTT DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE SZUCS	
STREET ADDRESS	2984 Westcott Dr.	
CITY-ST-ZIP	Palm Harbor FL 34684	
TITLE	Sec/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE SZUCS	
STREET ADDRESS	2984 Westcott Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34684	
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		

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

2/28/00 (727) 460-8221

Date

Daytime Phone #

CR2E034 (9/99)