

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/2

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90015 015 \*\*\*150.00

**DOCUMENT # P97000037534**

1. Entity Name

**QTSIE TELEPHONY, INC.**

Principal Place of Business

Mailing Address

106 SQUIRE HILL RD  
LONGWOOD FL 32779

106 SQUIRE HILL RD  
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

106 SQUIRE HILL RD

106 SQUIRE HILL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LONGWOOD, FLORIDA

LONGWOOD, FLORIDA

Zip

Country

Zip

Country

32779 USA

32779 USA

USA

4. FEI Number **59-3480570**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARQUEZ, PATRICE M**  
**106 SQUIRE HILL RD**  
**LONGWOOD FL 32779**

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

*Patrice M. Marquez*

(NOTE: Registered Agent signature required when reinstating)

*3/2/01*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	MARQUEZ, PATRICE	
STREET ADDRESS	106 SQUIRE HILL RD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	C	<input type="checkbox"/> Delete
NAME	MARQUEZ, PATRICE	
STREET ADDRESS	106 SQUIRE HILL RD	
CITY-ST-ZIP	LONGWOOD FL 32779	
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"/> 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		

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:

*Patrice M. Marquez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/02/01*

Date

Daytime Phone #

CR2E034 (10/00)