## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT #**

P97000039734

Mailing Address

1. Entity Name

QUALITY REALTY, INC.

Principal Place of Business

1947 WEST PARK AVE EDGEWATER FL 32132			301 SOUTH ORANGE ST NEW SMYRNA BEACH FL 32168								
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. F	4. FEI Number			Applied For	
							59-3445394			lot Applicable	
Zip Country		Zip		try	5. Certificate of Status Desired			\$8.75 Additional Fee Required			
		egistere	d Agent			7. N	lame and Address of New Register	ed Age	ent		
=	المالية المالية والمحافظة المحافظة المح				Name						
CRABTREE, RUBY B					Street Address (P.O. Box Number is Not Acceptable)						
1947 WES	ST PARK AVE										
EDGEWA1	TER FL 32132										
		Country  Zip  Country  5. Certificate of Status Desired  Address of Current Registered Agent  7. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  City  FL  ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am failed agent.  FEE IS \$150.00  Fee will be \$550.00  Iorida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  RUBY B		-	Zip Co	de					
. The above	named onlity submits this statement for	the num	nee of changing ite re	agietara	d office or regie	tored and			iliar with	and accent	
	tions of registered agent.	uic puip	ose or enanging its re	, giotoi c	a onloc or regio	itoroo agi	one, or both, in the blace of Conda. The		***********	i, and accept	
0.0											
SIGNATURE	Signature, typed or printed name of registered agent an	id title if app	licable. (NOTE: F	Registered	d Agent signature requ	ired when re	instating) DAT	E			
	ILE NOW!!! FEE IS \$150.00										
	r May 1, 2003 Fee will be \$550.00									00 May Be ed to Fees	
Make Check	k Payable to Florida Department of	State					must rund Continuation.	كسيبا	Aude	ed to rees	
10.	OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICE						DITIONS/CHANGES TO OFFICERS A	CERS AND DIRECTORS IN 11			
TITLE	PSTD		Delete .	TITLE	:				Change	☐ Addition	
NAME	CRABTREE, RUBY B		i		- I						
STREET ADDRESS	301 SOUTH ORANGE ST										
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168			1	-ST-ZIP						
TITLE	V		☐ Delete	TITLE					_ Change	☐ Addition	
NAME CTREET ADDRESS	CRABTREE, TONY C			NAMI	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	1014 FAOLKNEN 31			1	-ST-ZIP						
	NEW SMYRNA BEACH FL 32168			1-		<del></del> -		—	7.05	☐ Addition	
TITLE NAME			☐ Delete	TITLE				L	] Change	☐ Addition	
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CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	TITLE					Change	Addition	
NAME	•			NAM	Ε			_	,	_	
STREET ADORESS	1			STRE	ET ADDRESS						

12. 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 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

Delete

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Addition

☐ Addition

**FILED** 

Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90160 008 \*\*\*150.00