2000 UNIFORM BUSINESS REPORT (UBR) Apr 14, 2000 8:00 am Secretary of State DOCUMENT # **P97000044449** QUALITY INVESTMENTS OF GAINESVILLE, FLORIDA, INC 04-14-2000 90124 010 ***150.00 Mailing Address Principal Place of Business 5211 SW 91ST TERR 5211 SW 91ST TERR STE A STE A GAINESVILLE FL 32608 GAINESVILLE FL 32608-9100 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3461400 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAUGHERTY, HARRY H JR Street Address (P.O. Box Number is Not Acceptable) 5211 SW 91ST TERR STE A **GAINESVILLE FL 32608** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** ☐ Change Addition TITLE Delete TITLE DAUGHERTY, HARRY H JR NAME NAME STREET ADDRESS 5211 SW 91ST TERRACE STE A STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32608** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE DAUGHERTY, CHRISTY M NAME NAME STREET ADDRESS STREET ADDRESS 5211 SW 91ST TERR, STE A CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32608 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFIGER OF DIRECTO

☐ Delete

☐ Delete

1.11.2000

352372-6315

Change

☐ Change

Addition

☐ Addition

Daytime Phone #