2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 08:00 AM
Secretary of State

DOCUMENT # **P97000052466**

1. Entity Name
PROFESSIONAL QUALITY ANALYSTS, INC.

Principal Place of Business	Mailing Address
274 WILSHIRE BLVD STE 224 CASSELBERRY FL 32707 US	274 WILSHIRE BLVD STE 224 CASSELBERRY FL 32707 US

2. Principal Place of Business	3. Mailing Address
P. O. BOX 950610	P.O. BOX 950610
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE MARY FL	City & State: LAKE MARY FL
Zip: 32795-061 Country: US	Zip: 32795-061 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3452159** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POLLACK ROBERT W
3302 TALLA LOOP
LONGWOOD FL
32779 US

7. Name and Address of New Registered Agent

Name: POLLACK ROBERT W
Street Address (P.O. Box Number is Not Acceptable): 3302 TALA LOOP
City: LONGWOOD FL Zip Code: 32779

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 ______________________ 01/17/2001
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	D	☒ Delete
NAME	GREGORY SUSAN	
STREET ADDRESS	4400 CLEAR RIVER CT.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	☐ Delete
NAME	POLLACK ROBERT W	
STREET ADDRESS	3302 TALLA LOOP	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	POLLACK ROBERT W	
STREET ADDRESS	3302 TALA LOOP	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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: Robert W. Pollack Pres 01/17/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #