

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90036 018 ***150.00

DOCUMENT # P97000103092

1. Entity Name

THE QUALITY NETWORK, INC

DO NOT WRITE IN THIS SPACE

B0058834

2. Principal Place of Business

4075 CAPITOL DR.

Suite, Apt. #, etc.

3. Mailing Address

SAHE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM HARBOR, FL

City & State

4. FEI Number

59-3483807

Applied For

Not Applicable

Zip

34685

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

IRVING DETORO

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

4075 CAPITOL DR.

City

PALM HARBOR

FL

Zip Code

34685

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT

IRVING DETORO

4075 CAPITOL DR.

PALM HARBOR, FL 34685

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SEC. TREAS.

EVELYN V DETORO

4075 CAPITOL DR.

PALM HARBOR, FL 34685

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN V. DETORO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/10/02

Daytime Phone #

727 789-3333

CR2ED34B (12/01)