

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90146 016 ***150.00

0102415 AV

DOCUMENT # P97000106900

1. Entity Name
Q.E. CONTROLS, INC.

Principal Place of Business
**3898 E. CONCORD ST
 ORLANDO FL 32803**

Mailing Address
**P O BOX 149615
 ORLANDO FL 32814
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3482886** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**QUINTERO, JORGE
 1070 PIEDMONT OAK DR
 APOPKA FL 32703**

7. Name and Address of New Registered Agent
 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 (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PT QUINTEZO, JORGE 6801 YUCATAN DR ORLANDO FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	QUINTERO, JORGE 1070 Piedmont OAKS DR APOPKA, FL 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4/26/02 Date 407 896 5552 Daytime Phone #

CP2E034 (9/01)