

12-03  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

2002

FILED

Rwd  
5/11/03

DOCUMENT # P98000000689

1. Entity Name

QUALITY ASSURED MANAGEMENT, INC.

03 MAY 23 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3900 GALT OCEAN DRIVE

3. Mailing Address  
3900 GALT OCEAN DRIVE

Suite, Apt. #, etc.  
#1816

Suite, Apt. #, etc.  
#1816

DO NOT WRITE IN THIS SPACE

City & State  
FT. LAUDERDALE, FL

City & State  
FT. LAUDERDALE, FL

4. FEI Number  
65-0804096

Applied For  
Not Applicable

Zip  
33308

Country  
USA

Zip  
33308

Country  
USA

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

7. Name and Address of Current Registered Agent

Name  
MICHAEL HICKMAN

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

3900 GALT OCEAN DRIVE, #1816

City  
FT. LAUDERDALE

FL

Zip Code  
33308

**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

*Michael Hickman*

MICHAEL HICKMAN

03/11/03

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  
SPD - MICHAEL HICKMAN  
3900 GALT OCEAN DRIVE, #1816  
FT. LAUDERDALE, FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
300015317453  
05/23/03--01027--017 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
300015317453  
04/04/03--01049--015 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
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CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

*Michael Hickman*

MICHAEL HICKMAN

3/11/03

954-564-7535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

21 5/28

QUALITY ASSURED MANAGEMENT, INC.

3900 GALT OCEAN DRIVE, #1816

FT. LAUDERDALE, FL 33308

OFFICE: (954) 564-7535

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Rcvd  
5/19/03

Tuesday, March 11, 2003

Division of Corporations  
UBR Reinstatement Division  
P.O. Box 6327  
Tallahassee, FL 32314

~~To Whom it May Concern:~~

I never received the 2002 UBR for Quality Assured Management, Inc. because the corporation changed its location during the year. I have enclosed the 2002 UBR along with a check for \$150.00. Please waive the reinstatement fees associated with this error.

Best Regards,

Michael Hickman  
Michael Hickman  
President

3-26-03  
Date

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