

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

0005396
AV

DOCUMENT # P98000008322

1. Entity Name
QUALITY PROFESSIONAL SERVICES, INC.

01-31-2002 90017 027 ***150.00

Principal Place of Business

1600 PARK AVE
STE 5
ORANGE PARK FL 32073

Mailing Address

P.O. BOX 2426
ORANGE PARK FL 32067

B0014574



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1409 Kingsley Ave
Suite, Apt. #, etc.
Bldg. 2

3. Mailing Address

Suite, Apt. #, etc.

City & State
ORANGE PARK, FL

City & State

4. FEI Number
59-3488477

Applied For
Not Applicable

Zip
32073

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

MUYRES, DAVID J
1600 PARK AVE
STE 5
ORANGE PARK FL 32083

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

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MUYRES, DAVID J
2412 STOCKTON DR
GREEN COVE FL 32043

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ASPINWALL, ROBERT
8430 COMMONWEALTH AVENUE
JACKSONVILLE FL 32220

☐ Delete

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID J. Muyres
Pres.

2/14/02

Date

904
284-7209

Daytime Phone #

CR2E034 (9/01)