

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90086 050 ***150.00

DOCUMENT # P98000013813

1. Entity Name
QUALITY AIR OF MILTON, INC.



Principal Place of Business
127 EAST ZARAGOZA STREET
SUITE 206
PENSACOLA FL 32501

Mailing Address
711-A WEST GARDEN ST
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

1301 W. GARDEN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PENSACOLA FL

Zip

Country

Zip

32501

Country

4. FEI Number

59-3493332

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASS & SAND FORT ACCOUNTANTS, INC.
711-A WEST GARDEN ST
PENSACOLA FL 32501

Name

Street

Bass & Sandfort Accountants, PA
1301 W. Garden Street
Pensacola FL 32501-4504

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FANNIN, DAVE
STREET ADDRESS 711-A WEST GARDEN ST
CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete

TITLE
NAME
STREET ADDRESS 1301 W. GARDEN ST.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE T
NAME BARBON, OPAL J
STREET ADDRESS 711 WEST GARDEN ST
CITY-ST-ZIP PENSACOLA FL 32501 ☒ Delete *- Remove -*

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

TITLE DV
NAME JONES, TODD
STREET ADDRESS 10755 HATCHER ST
CITY-ST-ZIP MILTON FL 32583 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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

3/30/03

800-623-6506

Date

Daytime Phone #

CR2E034 (10/02)