

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State
 09-09-2002 90024 026 ***550.00

DOCUMENT # P98000015674

1. Entity Name
QUALIFIED INTERMEDIARIES, INC.

Principal Place of Business

Mailing Address

**C/O WILLIAM SCOTT FOSTER
 909 MAR WALT DRIVE, SUITE 1014
 FORT WALTON BEACH FL 32547**

**C/O WILLIAM SCOTT FOSTER
 909 MAR WALT DRIVE, SUITE 1014
 FORT WALTON BEACH FL 32547**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3499477**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOSTER, WILLIAM SCOTT
 909 MAR WALT DRIVE
 SUITE 1014
 FORT WALTON BEACH FL 32547**

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	D FLEET, H. BART 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, WILLIAM SCOTT 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

9/4/2002 850-863-4064

CR2E034 (4/02)

871525
#P98000015674

Attachment
Anchors, Foster, McInnis & Keefe, P.A.
Attorneys at Law

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Ft. Walton Beach, Florida 32547-6711

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W. Scott Foster
C. Jeffrey McInnis
Lawrence Keefe
Michelle Anchors

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Fax: (850) 862-1138
E-mail: foster@cybertron.com

September 5, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

RE: Qualified Intermediaries, Inc.

Gentlemen:

Please find attached 2002 Uniform Business Report for the above captioned corporation. Also enclosed is check in the amount of \$550.00 to cover the application fee in connection with the corporation in question.

Should there be any questions in regard to this information, please do not hesitate to contact me.

Sincerely yours,

ANCHORS, FOSTER, MCINNIS & KEEFE, P.A.



William Scott Foster

WSF/lmw/