

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017145

1. Entity Name

QB & ASSOCIATES OF FLORIDA, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90904 045 ***158.75

Principal Place of Business	Mailing Address
1510 COMMERCIAL PARK DR SUITE #2 LAKELAND FL 33801 US	1510 COMMERCIAL PARK DR SUITE #2 LAKELAND FL 33801-6569 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2880269	Applied For	☐
		Not Applicable	☐

5. Certificate of Status Desired	☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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MC KINLEY, EARLEY III
 317 TARAWA ST
 LAKELAND FL 33805

Name	MCKINLEY, EARLEY III
Street Address (P.O. Box Number is Not Acceptable)	1510 Commercial PK DR STE 2
City	LAKELAND FL 33801

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	<i>Earley McKinley III</i>	DATE	
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Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	D
NAME	MCKINLEY, EARLEY III	NAME	MCKINLEY, EARLEY III
STREET ADDRESS	P O BOX 92168 N/A	STREET ADDRESS	P.O. Box 24732
CITY-ST-ZIP	LAKELAND FL 33804-2168	CITY-ST-ZIP	Lakeland, FL 33802-4732
TITLE		TITLE	O
NAME		NAME	CAMPBELL, BERNITA K.
STREET ADDRESS		STREET ADDRESS	1015 BUCCANEER DR
CITY-ST-ZIP		CITY-ST-ZIP	LAKELAND, FL 33801
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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 another like empowered.

SIGNATURE:	<i>Earley McKinley III</i>	Date	04/28/00	Daytime Phone #	863-656-992
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)