

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017145

1. Entity Name

QB & ASSOCIATES OF FLORIDA, INC.

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90328 048 ***150.00

Principal Place of Business

1510 COMMERCIAL PARK DR
SUITE #2
LAKELAND FL 33801
US

Mailing Address

1510 COMMERCIAL PARK DR
SUITE #2
LAKELAND FL 33801
US

2. Principal Place of Business

1880 N. Crystal Lake Dr.
Suite, Apt. #, etc. #42

3. Mailing Address

P.O. Box 24732
Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33801

Country

US

Zip

33802-4732

Country

US

4. FFL Number 59-2880269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MC KINLEY, EARLEY III
1510 COMMERCIAL PK DR. STE 2
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

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

City

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 re-statuting)

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, 2001 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 D
NAME MCKINLEY, EARLEY III
STREET ADDRESS PO BOX 24732
CITY-ST-ZIP LAKELAND FL 33802-4732 ☐ Delete

TITLE D
NAME CAMPBELL, BERNITA K
STREET ADDRESS 1015 BUCCANEER DR
CITY-ST-ZIP LAKELAND FL 33801 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D
NAME MCKINLEY, SHERYL
STREET ADDRESS P.O. Box 24732
CITY-ST-ZIP LAKELAND, FL 33802-4732 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

Earley McKinley III Earley McKinley III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/19/01 (863) 665-6992

CR2E034 (10/00)