

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000018234

QUALITY READER'S SERVICE, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90146 028 ***550.00

Principal Place of Business

Mailing Address

50 S. BELCHER RD.
 SUITE 109
 CLEARWATER, FL 33765
 US

50 S. BELCHER RD.
 SUITE 109
 CLEARWATER, FL 33765
 US

80105672

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3494223

Applied For

Not Applicable

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

HOOD, WILLIAM H. III
 50 S. BELCHER RD.
 SUITE 109
 CLEARWATER, FL 33765

Name

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

City

FL

Zip Code

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's signature is required when making a change)

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 \$350.00

After SEPTEMBER 13, 2000 Min. 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	HOOD, WILLIAM H. III	
STREET ADDRESS	50 S. BELCHER RD.	
CITY-STATE-ZIP	SUITE 109 CLEARWATER, FL 33765	
TITLE	D	☐ Delete
NAME	QUEEN, HAROLD	
STREET ADDRESS	50 S. BELCHER RD.	
CITY-STATE-ZIP	SUITE 109 CLEARWATER, FL 33765	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

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 filers empowered.

SIGNATURE:

William H. Hood, III

William H. Hood, III, Director 9/5/00 (727) 535-0205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day the Report