

# 2001 UNIFORM BUSINESS REPORT (UBR)

04-24-2001 90032 050 \*\*\*150.00  
P98000018234

DOCUMENT # **P98000018234**

1. Entity Name

**QUALITY READER'S SERVICE, INC.** ✓

FILED

01 APR 25 PM 12: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**A0055201**

Principal Place of Business  
**50 S. Belcher Rd.  
Suite 109  
Clearwater, FL 33765  
US**

Mailing Address  
**50 S. Belcher Rd.  
Suite 109  
Clearwater, FL 33765  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**16120 U.S. 19 North  
Suite 246  
Clearwater, FL**

City & State  
**Clearwater, FL**

Zip  
**33764**

Country  
**US**

4. FEI Number  
**59-3494223**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Hood, William H., III  
50 S. Belcher Rd.  
Suite 109  
Clearwater, FL 33765**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 \$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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Hood, William H., III</b>	
STREET ADDRESS	<b>50 S. Belcher Rd, Suite 109</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33765</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Queen, Harold</b>	
STREET ADDRESS	<b>50 S. Belcher Rd, Suite 109</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33765</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 all other like empowered.

SIGNATURE:

**William H. Hood, III, Director**

**4/16/01**  
Date

**(727) 535-0205**  
Daytime Phone #

CR2E034 (1/1/00)

4/25