

2001 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-02-2001 90107 048 ***150.00

DOCUMENT # P98000021011

1. Entity Name

QUALITY DIMENSIONS, INC.

Principal Place of Business

4705 NOAH LANE
 ACWORTH GA 30101

Mailing Address

4705 NOAH LANE
 ACWORTH GA 30101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3512995**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PALMER BAGWELL, P.A.
 1900 BOOTH CIRCLE STE 184
 C/O BONNIE CAPPELLO
 LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name **Bagwell & Cappello, CPA, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
1900 Booth Circle #104
 City **Longwood** FL Zip Code **32750**

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

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

(NOTE: Registered Agent signature required when reinstating)

5/30/01
 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	President & Treasurer <input type="checkbox"/> Delete
NAME	THOMPSON, CONSTANCE A
STREET ADDRESS	4705 NOAH LANE
CITY-ST-ZIP	ACWORTH GA 30101
TITLE	Secretary <input type="checkbox"/> Delete
NAME	MILCARSZ, NOVIE J
STREET ADDRESS	4705 NOAH LANE
CITY-ST-ZIP	ACWORTH GA 30101
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	
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:

Constance A. Thompson
 Signature and typed or printed name of signing officer or director

4-21-2001 7705295753
 Date Daytime Phone #

CR2034 (10/00)