

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90436 014 ***150.00

0441280 AV

DOCUMENT # P98000035029

1. Entity Name
QUALITY RENOVATIONS, INC.



Principal Place of Business
1208 VERSANT PLACE
204
BRANDON FL 33511

Mailing Address
1208 VERSANT PLACE
204
BRANDON FL 33511



2. Principal Place of Business

3. Mailing Address

429 COUNTRY VINEYARD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
VALRICO, FL

4. FEI Number **59-3503124**

Applied For
Not Applicable

Zip

Country

Zip

Country

33594

FL

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

DIAS, LEONARD L.
1208 VERSANT PLACE
204
BRANDON FL 33511

Name
LOUIS DIAS

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

429 COUNTRY VINEYARD DR

City **VALRICO**

FL

Zip Code
33594

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Louis Dias**

2-20-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **DIAS, LOUIS**
STREET ADDRESS **9, N JOHN ST**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **OP** ☒ Change ☐ Addition
NAME **LOUIS DIAS**
STREET ADDRESS **429 COUNTRY VINEYARD DR**
CITY-ST-ZIP **VALRICO, FL, 33594**

TITLE **VP** ☐ Delete
NAME **DIAS, LEONARD L**
STREET ADDRESS **9 N. JOHN ST**
CITY-ST-ZIP **ORLANDO FL 32835**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LOUIS DIAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-03

Date

813-361-6980

Daytime Phone #

CR2E034 (10/02)