## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with ay address, with all other like empowered.

## FILED May 10, 2001 8:00 am DOCUMENT # P98000040827 Secretary of State QUALIDYNE SYSTEMS, INC. 05-10-2001 90196 040 \*\*\*150.00 Principal Place of Business Mailing Address 110A DUNBAR AVE 110A DUNBAR AVE OLDSMAR FL 34677 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address \_\_Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3508561 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FANTY, LOUIS A Street Address (P.O. Box Number is Not Acceptable) 101 HOMEPORT DR PALM HARBOR FL 34683 3928 AMBASSADIR DRIVE 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) - -- FILE NOW!!! FEE-IS \$150:00 9. This corporation is eligible to satisfy its intangible ----10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE Delete Change . FANTY, LOUIS A JR NAME 3928 AMBASSADOR DRIVE 101 HOMEPORT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZiP PALM HARBOR FC 34685 VSD TITLE ☐ Delete TITLE Change ☐ Addition MALOTT, MICHAEL L NAME NAME STREET ADDRESS 8525 QUAIL RUN DR STREET ADDRESS CITY-ST-ZIP **WESLEY CHAPEL FL 33544** CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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