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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2002 8:00 am DOCUMENT # P98000056957 Secretary of State 1. Entity Name 02-01-2002 90023 049 ***150 00 QUID PRO QUO LEGAL PLACEMENT SERVICES, INC. Principal Place of Business Mailing Address 19010 AVENUE BAYONNES 19010 AVENUE BAYONNES LUTZ FL 33549 LUTZ FL 33549 2. Principal Place of Busines 7617 Archland Yass Road 17617 Archland f Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3519053 412 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 1SA US A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jebbie SPURLOCK, DEBBIE C Street Address (P.O. Box Number is Not 19010 AVENUE BAYONNES **LUTZ FL 33549** City 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 1-16-02 DATE SIGNATURE Signature, typed or printed name of registered agent and title if and icable. (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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Addition Change ☐ Delete TITLE TITLE PD Spurlock, Debbie C 17617 Archland Pass Rd. NAME NAME Spurlock, Debbie C STREET ADDRESS STREET, ADDRESS 19010 AVENUE BAYONNES CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** Lut 2 , FL. 33558 TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE: