

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90226 005 ***150.00

DOCUMENT # P98000061948

1. Entity Name
QCOR, INC.

Principal Place of Business
**2010 SEABIRD WAY
 WEST PALM BEACH FL 33404**

Mailing Address
**2010 SEABIRD WAY
 WEST PALM BEACH FL 33404**

00050246



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0850353**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**STREIT, THOMAS E
 777 SOUTH FLAGLER DRIVE SUITE 900 E. TOWER
 WEST PALM BEACH FL 33401**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **DPT WOODWARD, DANIEL A**
 STREET ADDRESS **6911 GARDEN ROAD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33404**

TITLE Change Addition
 NAME **WOODWARD, DANIEL A**
 STREET ADDRESS **1390 ROSETTA TRAIL**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE Delete
 NAME **DVS ARNOLD, AARON L**
 STREET ADDRESS **6911 GARDEN ROAD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33404**

TITLE Change Addition
 NAME **DVS ARNOLD, AARON L**
 STREET ADDRESS **19842 WILKINSON LEAS RD**
 CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change 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: Daniel Woodward **DANIEL A WOODWARD** 4/27/01 561-848-6746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)