

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088359

1. Entity Name

QUALITY MEDIA COMMUNICATIONS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90330 022 ***150.00

Principal Place of Business

Mailing Address

2810 REMINGTON GREEN CIR
B
TALLAHASSEE FL 32308
US

2810 REMINGTON GREEN CIR
B
TALLAHASSEE FL 32308-1574
US

2. Principal Place of Business

3. Mailing Address

PO Box 14167

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

Zip

Country

Zip

Country

32317

USA

4. FEI Number

59-3560092

Applied For

Not Applicable

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

WALKER, CLAUDE R
106 E COLLEGE AVENUE
SUITE 900
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 D ☐ Delete
NAME FOSTER, JILL S
STREET ADDRESS 2769 CAPITAL CIRCLE NE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE P ☒ Change ☐ Addition
NAME Foster, Jill S
STREET ADDRESS PO Box 14167
CITY-ST-ZIP Tall., FL 32317

TITLE D ☐ Delete
NAME FOSTER, WESLEY E
STREET ADDRESS 2769 CAPITAL CIRCLE NE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE S ☒ Change ☐ Addition
NAME Foster, Wesley E
STREET ADDRESS PO Box 14167
CITY-ST-ZIP Tall., FL 32317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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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:

Signature of Jill S Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2000 850-893-8222
Date Daytime Phone #

CR2E034 (9/99)