

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90242 050 ***150.00

6859596 AN

DOCUMENT # P98000101095

1. Entity Name

QUALITY APPRAISAL & CONSULTING SERVICES, INC.

Principal Place of Business

**7481 W. OAKLAND PK BLVD
 #306
 FT LAUDERDALE FL 33319**

Mailing Address

**7481 W. OAKLAND PK BLVD
 #306
 FT LAUDERDALE FL 33319**

00060152



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

65-0882072

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

THOMAS, GLORIA J

**1021 MOCKINGBIRD LANE, #417
 PLANTATION FL 33324**

Name

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

**7481 W. OAKLAND PARK BLVD
 #306**

City

FT LAUDERDALE FL

Zip Code

33319

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 \$550.00 150
After September 12, 2001 Fee will be \$750.00
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

TITLE **P** ☐ Delete
 NAME **THOMAS, GLORIA J**
 STREET ADDRESS **1021 MOCKINGBIRD LN #417**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete
 NAME **THOMAS, ORVILLE**
 STREET ADDRESS **1021 MOCKINGBIRD LN #417**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3211 SW 194 TERR**
 CITY-ST-ZIP **MIRAMAR, FL 33029**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3211 SW 194 TERR**
 CITY-ST-ZIP **MIRAMAR, FL 33029**

TITLE ☐ Change ☐ Addition
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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:

GLORIA J. THOMAS
 PRESIDENT

Date

Daytime Phone #

CR2E034 (5/01)