

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107263

1. Entity Name

QUALITY STRUCTURES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90494 032 ***150.00

Principal Place of Business

7303 CROOM RITAL ROAD
BROOKSVILLE FL 34602
US

Mailing Address

7303 CROOM RITAL ROAD
BROOKSVILLE FL 34602-7606
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

59 3572452

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

BYRD, NELL
8081 CROOM RITAL ROAD
BROOKSVILLE FL 34602

Name

Barbara Kelly

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

7303 Croom Rital Road

Brooksville

City

FL

Zip Code
34602

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

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

Barbara Kelly, Pres.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

4/24/00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BYRD, NELL
8081 CROOM RITAL ROAD
BROOKSVILLE FL 34602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary /Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BYRD, HOLLY
6660 PARK STREET
HOLLYWOOD FL 33024 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Director
Kelly, Barbara
7303 Croom Rital Road
Brooksville, FL 34602 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Barbara Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Kelly President

4/24/00
Date Daytime Phone #

CR2E034 (9/99)