FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 24, 2001 8:00 am **DOCUMENT #** P99000013221 **Secretary of State** 1. Entity Name QUALITY FIRST TITLE, INC. 07-24-2001 90005 002 ***150.00 Principal Place of Business Mailing Address 4701 LINWOOD STREET 4701 LINWOOD STREET Anore SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0893838 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FELCYN, BRENDA L Street Address (P.O. Box Number is Not Acceptable) **4701 LINWOOD STREET** SARASOTA FL 34232 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITLE ☐ Delete TITLE FELCYN, BRENDA L NAME NAME STREET ADDRESS STREET ADDRESS 4701 LINWOOD STREET CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34232 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

emental 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 for 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:

indicatéd on this report or su of the corporation or the reci changed, or on an attachm

attackment # P99000013221 A0019400

QUALITY FIRST TITLE, INC.

4701 Linwood Street, Sarasota, FL 34232 TELEPHONE#: 941/377-8933 FAX#: 941/378-8493

July 11, 2001

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P. O. Box 1500 Tallahassee, FL 32302-1500

RE: Filing of Corporation,

TO WHOM IT MAY CONCERN:

Enclosed please find my check, No., in the amount of \$150.00 for payment of corporation fees. Please be aware that my office never received notice of any payment due until receipt of the enclosed 2001 Uniform Business Report.

Therefore, after contacting your office, I was instructed to send you the \$150.00 immediately for payment of same and that this will satisfy the funds due to the Corporation Division. Since my office never received any documentation pertaining to said dues, I do not feel that I should be responsible for any penalties that may exist other than the actual payment of the \$150.00.

If you should have any questions or need any further assistance, please do not hesitate to contact my office.

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Thank you in advance for your prompt attention in this matter.

Sincerely,

Brenda Felcyn

President

/hf