

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022663

1. Entity Name

QUALITY SALES AND MARKETING OF FLORIDA, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90093 021 ***150.00

Principal Place of Business

Mailing Address

4717 S. COBB DR.
SMYRNA GA 30080

4717 S. COBB DR.
SMYRNA GA 30080-6900

2. Principal Place of Business

141 SCARLET BLVD.

3. Mailing Address

141 SCARLET BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OLDSMAR FL.

City & State

OLDSMAR FL

4. FEI Number

59-3566401

Applied For

Not Applicable

Zip

34677

Country

US

Zip

34677

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME D
STREET ADDRESS NEELY, ROBERT A
CITY-ST-ZIP P.O. BOX 680751 N/A
CHARLOTTE NC 28216

TITLE ☐ Delete
NAME D
STREET ADDRESS SHAY, JOSEPH M
CITY-ST-ZIP 4117 WINDING VALLEY DR.
SMYRNA GA 30082

TITLE ☐ Delete
NAME BRANNAN, LANA A.
STREET ADDRESS 141 SCARLET BLVD. "C"
CITY-ST-ZIP OLDSMAR, FL 34677

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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:

Lana A. Brannan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-08-00

Date

813 818-9352

Daytime Phone #

CR2EN34 / 9/00