

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033449

1. Entity Name

QUALITY ONE WIRELESS INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90090 036 ***158.75

Principal Place of Business

2208 WESTBOURNE DR
 OVIEDO FL 32765

Mailing Address

2208 WESTBOURNE DR
 OVIEDO FL 32765-5157

2. Principal Place of Business

35 W. Pine St

Suite, Apt. #, etc.

Suite 217

City & State

Orlando FL

Zip

32801

Country

U.S.A.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3691848

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIORANDO, JOHN
 2208 WESTBOURNE DR
 OVIEDO FL 32765

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 ☐ Delete
 NAME D
 STREET ADDRESS CHIORANDO, JOHN
 CITY-ST-ZIP 2208 WESTBOURNE DR
 OVIEDO FL 32765

TITLE ☐ Change ☒ Addition
 NAME Vincent Scott Turner
 STREET ADDRESS 317 Loma Del Sol Dr.
 CITY-ST-ZIP Davenport FL 33837

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

John Chiorando

4/30/00

407-540-1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)