04-14-2003 90935 002 ***150.00
FILED P99000049549

03 MAY -9 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. P99000049549

1. Entity Name
QC MANAGEMENT, INC.

Principal Place of Business	Mailing Address
7563 PHILIPS HIGHWAY SUITE 201 JACKSONVILLE FL 32256	7563 PHILIPS HIGHWAY SUITE 201 JACKSONVILLE FL 32256

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7563 Philips Highway	7563 Philips Highway
Suite, Apt. #, etc.: 212	Suite, Apt. #, etc.: 212
City & State: Jacksonville, FL	City & State: Jacksonville
Zip: 32256 Country: USA	Zip: 32256 Country: USA

4. FEI Number 59-3580010 ☐ Applied For ☐ Not Applicable

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
DUNCAN, MICHAEL L 50 NORTH LAURA STREET SUITE 2500 JACKSONVILLE FL 32202	Name: Quynh Ngo Street Address (P.O. Box Number is Not Acceptable) 7563 Philips Highway, #212 City: Jacksonville FL Zip Code: 32256

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ PRESIDENT/CEO 4/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD NGO, QUYNH 7653 PHILIPS HIGHWAY JACKSONVILLE FL 32256	☐ Delete	PRESIDENT/CEO NGO, QUYNH 7563 Philips Highway #212 Jacksonville, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/10/03 (904) 281-9969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #