2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000053779

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

5506 10TH AVENUE DR., W

BRADENTON FL 34209

1. Entity Name

QUALITYCOM, INC.

Principal Place of Business

5506 10TH AVENUE DR., W

2. Principal Place of Business

BRADENTON FL 34209

Suite, Apt. #, etc.

City & State

Zip



FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90054 001 ***150.00

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☐ CHECK HERE IF MAKING	G CHANGES
4. FEI Number of acceptan	Applied For
4. FEI Number 65-0929790	Not Applicable
	\$8.75 Additional

Fee Required

5. Certificate of Status Desired

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6. Name and Address of Current Registered Agent

Name

Name

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

5506 10TH AVENUE DR., W

BRADENTON FL 34209

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

Country

SIGNATURE Signature, typed or printed name of registered agent and little if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Plorida Department of State							
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		FINAL E		
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12. I hereby certify that the information supplied with this filling 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 ampowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03

Daytime Phone #