

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90003 036 ***150.00

DOCUMENT # P99000064138

1. Entity Name

QUALITY MANAGEMENT GROUP, INC.



Principal Place of Business

**19236 BAY LEAF COURT
BOCA RATON FL 33498**

Mailing Address

**PO BOX 970878
BOCA RATON FL 33497**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0034579

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

**CHAPMAN, KRISTINE
2000 GLADES ROAD., SUITE 306
BOCA RATON FL 33431**

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

SIGNATURE

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, 2004 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 PD ☐ Delete
NAME SKARECKI, ROBERT G SR.
STREET ADDRESS 19236 BAY LEAF COURT
CITY-ST-ZIP BOCA RATON FL 33498

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

TITLE STD ☐ Delete
NAME SKARECKI, MARY K
STREET ADDRESS 19236 BAY LEAF COURT
CITY-ST-ZIP BOCA RATON FL 33498

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

TITLE D ☐ Delete
NAME SKARECKI, RALPH V
STREET ADDRESS 19236 BAY LEAF COURT
CITY-ST-ZIP BOCA RATON FL 33498

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

TITLE D ☐ Delete
NAME SKARECKI, NICHOLAS A
STREET ADDRESS 19236 BAY LEAF COURT
CITY-ST-ZIP BOCA RATON FL 33498

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

TITLE D ☒ Delete
NAME REINECKE, MARY R
STREET ADDRESS 19236 BAY LEAF COURT
CITY-ST-ZIP BOCA RATON FL 33498

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

R.G. Skarecki

R.G. Skarecki

4/30/04

561-477-2621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

attachment

54056540



**QUALITY MANAGEMENT
GROUP, INC.**

P.O. Box 970878
Boca Raton, FL 33497
Tel: (561) 477-2621
Fax: (561) 852-1981

May 20, 2004

Division of Corporations
Annual Report Section
PO Box 6850
Tallahassee, FL 32314

Re: P99000064138

Dear Sir:

Attached is our Annual Report and fee for \$150.00.

Our report was inadvertently misplaced which caused the lateness.

Please..... we request that you waive the \$400.00 additional late fee...we have never been late before, and a mistake caused this lateness....and we are a small business and the \$400.00 will hurt us.

If the fee cannot be waived, please let us know what we have to do.

Thank-you for your consideration.

Sincerely,

R.G. Skarecki
President

RGS/mr

