

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90320 015 ***150.00

DOCUMENT # **P99000065265**

1. Entity Name
QUALITY WHOLESALER USA INC.



Principal Place of Business
**5835 MEMORIAL HWY
STE # 1
TAMPA FL 33615**

Mailing Address
**5835 MEMORIAL HWY
STE # 1
TAMPA FL 33615**



2. Principal Place of Business
10901 BRIGHTON BAY BL. NE

3. Mailing Address
10901 BRIGHTON BAY BL. NE

Suite, Apt. #, etc.
10309

Suite, Apt. #, etc.
10309

City & State
SAINT PETERSBURG, FL.

City & State
SAINT PETERSBURG, FL.

Zip
33716

Country

Zip
33716

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3586764**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIMACEK, ZUZANA
10901 BRIGHTON BAY BLVD NE
10309
SAINT PETERSBURG FL 33716**

7. Name and Address of New Registered Agent

Name **PLEVA ZUZANA**
Street Address (P.O. Box Number is Not Acceptable)
SAINT PETERSBURG
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]* **ZUZANA PLEVA**

4/27/03

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

TITLE **D** ☐ Delete
NAME **SIMACEK, ZUZANA**
STREET ADDRESS **10901 BRIGHTON BAY BLVD NE # 10309**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE **D** ☐ Delete
NAME **PLEVA, OLDRYCH**
STREET ADDRESS **10901 BRIGHTON BAY BLVD NE # 10309**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **ZUZANA PLEVA**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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: *[Signature]* **ZUZANA PLEVA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03 (813) 382-5856

Date Daytime Phone #

CR2E034 (10/02)