

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90285 037 ***150.00

DOCUMENT # **P99000073692**

1. Entity Name

QUALITY FORCE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PMB #302 Suite 108

3. Mailing Address

PMB #302 Suite 108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6753 THOMASVILLE ROAD

6753 THOMASVILLE RD

City & State

City & State

TALLAHASSEE FL

TALLAHASSEE FL

Zip

Country

Zip

Country

32312 USA

32312 USA

4. FEI Number

59-3592713

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

GREGORY A. BAKER

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

1028 Summer brooke Dr.

City

TALLAHASSEE

FL

Zip Code

32312

**DO NOT WRITE
IN THIS SPACE**

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's signature required when reinstating)

DATE

4/30/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
GREG BAKER
1028 Summer brooke Dr.
Tallahassee, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Chief Financial Officer
ANDREA BAKER
1028 Summer brooke Dr.
Tallahassee, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

212-5788

Daytime Phone #