2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 08:00 AM P99000081410 DOCUMENT# 1. Entity Name **Secretary of State** QUALITY INSTALLATIONS AND SERVICES CORP. Principal Place of Business Mailing Address 1033 AXLEWOOD CIRCLE 1033 AXLEWOOD CIRCLE BRANDON FL BRANDON FL33511 33511 2. Principal Place of Business 3. Mailing Address 1008 AXLEWOOD CIRCLE 1008 AXLEWOOD CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BRANDON FL BRANDON 59-3611610 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33511 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ ALEX PEREZ 1033 AXLEWOOD CIRCLE Street Address (P.O. Box Number is Not Acceptable) 1008 AXLEWOOD CIRCLE BRANDON FL33511 City Zip Code BRANDON 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. 02/28/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 FILE NOW!!! FEE 10 \$100.00________After MAY 1, 2001 Fee will be \$550.00._____ 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE **X** Change ☐ Addition CR2E034 (11/00) MAME PEREZ. ALEX E NAME PEREZ ALEX E 1033 AXLEWOOD CIRCLE STREET ADDRESS STREET ADDRESS 1008 AXLEWOOD CIRCLE CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP BRANDON 33511 ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

02/28/2001

Daytime Phone #

Date

Alex E. Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _