

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091548

1. Entity Name

THE QUALITY COMPANIES, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90116 001 ***450.00

Principal Place of Business

Mailing Address

1491-A CLARK DR.
TALLAHASSEE FL 32303

1491-A CLARK DR.
TALLAHASSEE FL 32303-1301

2. Principal Place of Business

1491 Quality Way
Suite, Apt. #, etc.

3. Mailing Address

1491 Quality Way
Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32303

Country

Leon

Zip

32303

Country

Leon

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PULSIFER, DAVID B
1491-A CLARK DR.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

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

City

Tallahassee

FL

Zip Code

32303

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 signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☐ Delete
NAME President
STREET ADDRESS David B. Pulsifer
CITY-ST-ZIP 1491 Quality Way
Tallahassee, FL 32303

TITLE ☐ Delete
NAME Secretary/Treasurer
STREET ADDRESS Daniel W. Doll
CITY-ST-ZIP 1491 Quality Way
Tallahassee, FL 32303

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel W. Doll

1/26/00 850-576-2865

Date

Daytime Phone #