

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90218 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000099247

1. Entity Name
QUALITY INSTALLATIONS GROUP, INC.



Principal Place of Business
1004 NEW YORK AVENUE
DUNEDIN FL 34698

Mailing Address
4304 NEW YORK AVENUE
DUNEDIN FL 34698

90059507



2. Principal Place of Business
34249 RICHARDSON BLVD
Suite, Apt. #, etc.

3. Mailing Address
34249 RICHARDSON BLVD.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WIPBSTER FL
Zip
33957
Country
US

City & State
WIPBSTER FL
Zip
33957
Country
US

4. FEI Number 59-3607948
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

CRISPEN, STEPHAN
1334 NEW YORK AVENUE
DUNEDIN FL 34698

Name
Street Address (P.O. Box Number is Not Acceptable)
34249 RICHARDSON BLVD.

City WIPBSTER FL Zip Code 33597

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CRISPEN, STEPHAN
4304 NEW YORK AVENUE
DUNEDIN FL 34698 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
34249 RICHARDSON BLVD.
WIPBSTER FL 33597 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
CRISPEN, DEENA J
4304 NEW YORK AVENUE
DUNEDIN FL 34698 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
34249 RICHARDSON BLVD.
WIPBSTER FL 33597 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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: STEPHAN CRISPEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)