

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103694

1. Entity Name

QUALITY MEDICAL STAFFING, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90082 036 ***150.00

Principal Place of Business

Mailing Address

4148-1 LAFAYETTE ST.
MARIANNA FL 32446

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MARIANNA FL 32446

2. Principal Place of Business

4148-1 Lafayette St.

3. Mailing Address

PO Box 18

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Marianna, Florida

City & State

Marianna, Florida

4. FEI Number

593627-716

☒ Applied For

☐ Not Applicable

Zip

32446

Country

Jackson

Zip

32447

Country

Jackson

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REED, AUSTIN

4148-1 LAFAYETTE ST.

MARIANNA FL 32446

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

Austin Reed, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-00

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 REED, AUSTIN
STREET ADDRESS 3540 TWIN PONDS RD.
CITY-ST-ZIP MARIANNA FL 32448

TITLE ☐ Delete
NAME REED, SHELLEY
STREET ADDRESS 3540 TWIN PONDS RD.
CITY-ST-ZIP MARIANNA FL 32448

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
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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:

Austin Reed, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

950-482-8945

Daytime Phone #

CR2E034 (9/99)