

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111402

1. Entity Name
QUALITY PLUS BUILDERS, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90245 015 ***150.00

Principal Place of Business

803 HICKORY AVENUE
FRUITLAND PARK FL 34731

Mailing Address

803 HICKORY AVENUE
FRUITLAND PARK FL 34731

C0051586



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

313 E. Rose Lane
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 207
Suite, Apt. #, etc.

City & State

Lady Lake, FL

City & State

Fruitland Park, FL

4. FEI Number

59-3615341

Applied For

Not Applicable

Zip

32159

Country

Lake

Zip

34731

Country

Lake

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

SMITH, GERRY G
803 HICKORY AVENUE
FRUITLAND PARK FL 34731

Name

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

313 E. Rose Lane

City

Lady Lake

FL

Zip Code

32159

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 *Gerry G. Smith*
Signature, typed or printed name of registered agent and title if applicable.

President
(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME SMITH, GERRY
STREET ADDRESS 803 HICKORY AVE
CITY-ST-ZIP FRUITLAND PARK FL 34731 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 313 E. Rose Lane
CITY-ST-ZIP Lady Lake, FL 32159

TITLE V
NAME TIDWELL, BILLY W
STREET ADDRESS 744 CITRUS LANE
CITY-ST-ZIP LADY LAKE FL 32159 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Gerry G. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerry G. Smith

Date

4-14-01

Daytime Phone #

352-253-5750

CR2E034 (10/00)