

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90503 014 ***150.00

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DOCUMENT # P99000111402

1. Entity Name
QUALITY PLUS BUILDERS, INC.



Principal Place of Business
**313 E ROSE LANE
LADY LAKE FL 32159**

Mailing Address
**PO BOX 207
FRUITLAND PARK FL 34731**

2. Principal Place of Business
5699 CR 173
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Wildwood FL

City & State

4. FEI Number **59-3615341**

Applied For
Not Applicable

Zip
34785

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, GERRY G
313 E ROSE LANE
LADY LAKE FL 32159

New

5699 CR. 173
Wildwood FL
34785

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. I am familiar with, and accept the obligations of registered agent.

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

Gerry G. Smith
NOTE: Registered Agent signature required when reinstating)

4-25-03
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 ***PS** ☐ Delete
NAME **SMITH, GERRY**
STREET ADDRESS **313 E ROSE LANE**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE ☒ Change ☐ Addition
NAME **5699 CR. 173**
STREET ADDRESS **Wildwood FL**
CITY-ST-ZIP **34785**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: *Gerry G. Smith*

Gerry G. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-03 352-255-5750

CR2E034 (10/02)