


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

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90309 014 ***150.00

DOCUMENT # <u>S 78298</u>	
1. Entity Name <u>Quality Testing Laboratory, Inc.</u>	

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54045904

2. Principal Place of Business <u>11007-Ulster Ct.</u>		3. Mailing Address <u>11007-Ulster Ct.</u>	
Suite, Apt. #, etc. <u>N/A</u>		Suite, Apt. #, etc. <u>N/A</u>	
City & State <u>Tampa Fl.</u>		City & State <u>Tampa, Fl.</u>	
Zip <u>33610</u>	Country <u>USA</u>	Zip <u>33610</u>	Country <u>USA</u>

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	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>Spiegel & Utrera, P.A.</u>		
Street Address (P.O. Box Number is Not Acceptable)			
<u>1840 Coral Way, 4th Floor</u>			
City <u>FL</u> 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 <u>Jacquelyn Mills Brown</u>	<small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>	<small>DATE</small>
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.20 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>Owner</u>		
	<u>Jacquelyn M. Brown</u>		
	<u>11007-Ulster Ct.</u>		
	<u>Tampa, Fl.</u>		<u>33610</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Jacquelyn Brown - Owner</u>	<u>4-15-04 (813) 978-958</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

CR2E034B (12/02)