


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

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90116 025 ***150.00

DOCUMENT # 578298	
1. Entity Name Quality Testing Laboratory, Inc.	

DO NOT WRITE IN THIS SPACE

90135227

2. Principal Place of Business 11007- Ulster Ct. Suite, Apt. #, etc. N/A City & State Tampa, FL Zip 33610 Country USA		3. Mailing Address 11007- Ulster Ct. Suite, Apt. #, etc. N/A City & State Tampa, FL Zip 33610 Country USA	
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4. FEI Number 59-307-3295	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 **Jacquelyn Brown** DATE **5-12-03**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jacquelyn Brown 11007- Ulster Ct. Tampa, FL 33610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P Connie White 11007- Ulster Ct. Tampa, FL 33610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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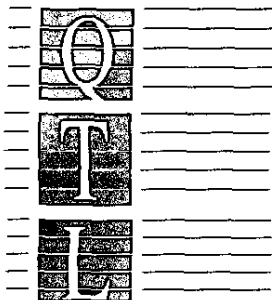
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: **Jacquelyn Brown - President** DATE **5-12-03** (813) 978-9588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)

Attachment

90135227
578298



Quality Testing Laboratory, Incorporated

11007 Ulster Court Tampa, Florida 33610

Phone: 813-978-9588 Facsimile: 813-978-3796

May 7, 2003

Florida Department of State
Uniform Business Reports
Division of Corporations
P.O. Box 1500

Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Enclosed please find a check number 1050, dated May 7, 2003, in the amount of one hundred fifty and no/dollars (\$150.00). We are asking that you please accept this check as earlier this year a fire totally destroyed our business. We were not able to salvage any property -all records, equipment and supplies were lost.

Thanking you in advance.

Sincerely,

Jacquelyn Brown