

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90231 027 \*\*\*150.00

0429435 AV

**DOCUMENT # V60695**

1. Entity Name  
**Q.C. HOLDINGS, INC.**



Principal Place of Business  
**315 COMMERCE WAY  
BAY 1  
JUPITER FL 33438  
US**

Mailing Address  
**16427 ALEXANDER RUN  
JUPITER FL 33478**



2. Principal Place of Business

**712 S. Pennock Ln.**

3. Mailing Address

**P.O. Box 7187**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Jupiter, FL**

City & State

**Jupiter, FL**

4. FEI Number

**65-0349298**

Applied For

Not Applicable

Zip

**33458**

Country

**USA**

Zip

**33468**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LAGERSTROM, JANET C.  
16427 ALEXANDER RUN  
JUPITER FL 33478**

7. Name and Address of New Registered Agent

Name **Janet C. Lagerstrom**  
Street Address (P.O. Box Number is Not Acceptable) **39 W. High Point**  
City **Stuart** FL Zip Code **34996**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Janet C. Lagerstrom**

**4-7-03**

**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

TITLE **DP** ☐ Delete  
NAME **SIGISMONDI, JAMES S.**  
STREET ADDRESS **712 S PENNOCK LN**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **VS** ☐ Delete  
NAME **LAGERSTROM, JANET C**  
STREET ADDRESS **16427 ALEXANDER RUN**  
CITY-ST-ZIP **JUPITER FL**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **39 W. High Point**  
CITY-ST-ZIP **Stuart, FL 34996**

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

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TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Janet Lagerstrom 4-7-03**

Date

Daytime Phone #

CR2E034 (10/02)