2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V64856** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name TOTAL QUALITY APPLICATIONS, INC. 04-10-2000 90022 039 ***150.00 Principal Place of Business Mailing Address 703-60TH STREET COURT EAST P.O. BOX 2238 **BRADENTON FL 34208-0238** SUITE K **BRADENTON FL 34208** LIS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0355182 DRADENTON Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DURIS H BURISH, ROBERTA J. Street Address (P.O. Box Number is Not Acceptable) 13608 2ND AVE. E. **BRADENTON FL 34202** City 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 •9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ROBERTA J BURISH Change Addition TITLE Delete TITLE 632 MISTY POUD CT **BURISH, ROBERTA JEAN** NAME NAME 13608-2ND AVE EAST STREET ADDRESS STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP ROBERTA J BUK (51+ Change Addition TITLE ☐ Delete BURISH, ROBERTA JEAN NAME NAME 632 MISTY POUD CT 13608-2ND AVE EAST STREET ADDRESS STREET ADDRESS PAD ENTUN CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL Delete_ TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 fine 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 expowered to execute his 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.