

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90436 014 \*\*\*150.00

0441280 AV

**DOCUMENT # P98000035029**

1. Entity Name  
**QUALITY RENOVATIONS, INC.**



Principal Place of Business <b>1208 VERSANT PLACE # 204 BRANDON FL 33511</b>	Mailing Address <b>1208 VERSANT PLACE # 204 BRANDON FL 33511</b>
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2. Principal Place of Business	3. Mailing Address <b>429 Country Vineyard DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State <b>VALRICO, FL</b>	4. FEI Number <b>59-3503124</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33594</b>	Country <b>Hillsborough</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DIAS, LEONARD L.**  
**1208 VERSANT PLACE**  
**# 204**  
**BRANDON FL 33511**

**7. Name and Address of New Registered Agent**

Name  
**LOUIS DIAS**

Street Address (P.O. Box Number is Not Acceptable)  
**429 Country Vineyard DR**

City  
**VALRICO** **FL** Zip Code  
**33594**

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 *Louis Dias* DATE **2-20-03**

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**  
**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 <b>DP</b>	<input type="checkbox"/> Delete
NAME <b>DIAS, LOUIS</b>	
STREET ADDRESS <b>9,N JOHN ST</b>	
CITY-ST-ZIP <b>ORLANDO FL 32825</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>DIAS, LEONARD L</b>	
STREET ADDRESS <b>9 N. JOHN ST</b>	
CITY-ST-ZIP <b>ORLANDO FL 32835</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>OP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOUIS DIAS</b>	
STREET ADDRESS <b>429 COUNTRY VINEYARD DR</b>	
CITY-ST-ZIP <b>VALRICO, FL, 33594</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Louis Dias* **REQUIRED** DATE: **2-20-03** DAYTIME PHONE #: **813-361-6980**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)