3490705 AV

FILED Apr 24, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000042642 1. Entity Name QUALITY MOTORS OF PINELLAS INC.								Secretary of State 04-24-2003 90140 002 ***150.00				
Principal Place of Business 10930 49TH STREET NORTH CLEARWATER FL 39762				Mailing Address 10930 49TH STREET NORTH CLEARWATER FL 33762					1101224	-		
2. Principal Place of Business				3. Mailing Address					81 811	35 6 6 6 11		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Nu	umber 2-0620236		_	plied For t Applicable
Zip		Country	Zip		Cour	ntry			cate of Status Desired	\$8.7	5 Addi	itional
	6 Name	and Address of Cur	rent Register	ed Agent	J	1		7 Name	and Address of New Registe			
A1A COR		ERVICES INC.	- Inguis	ou Aguite		Name 5	tev	EN K	C. JOYER	nea Agent		
218 SOUTHERN COUNTRY LANE							Idress (F	P.O. Box Nu	Imber is Not Acceptable) ENE AVE.			
QUINCY FL 32351							4					
							ALC		1 21 30 11		Code	
	ions of regist		سرا		_	ed Office Or i			r both, in the State of Florida.	I am familiar	with, a	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Financin Trust Fund Contribution.		Added	May Be to Fees
10	, 	· OFFICERS A	ND DIRECTO	DRS	11.			ADDITIO	ONS/CHANGES TO OFFICERS	AND DIREC	CTORS	IN 11
NAME STREET ADDRESS CITY_ST-ZIP	PD Joyer, S' 1167 Iren Largo Fl	IE AVE.		☐ Delete		1				□ Ch	ange	Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED IN THE OFFICER OR DIRECTO

☐ Delete

4-22-03

727-455-5783

☐ Change

Addition