

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 497076

1. Entity Name

QUALITY BODY SHOP, INC.

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90010 039 \*\*\*150.00

Principal Place of Business

Mailing Address

882 BLOUNTSTOWN HIGHWAY  
TALLAHASSEE FL 32304

882 BLOUNTSTOWN HIGHWAY  
TALLAHASSEE FL 32304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1648380

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

MCGLAMORY, N J  
5661 WIDEFIELD ROAD  
TALLAHASSEE FL 32308

Name

Arthur S Freeman

Street Address (P.O. Box Number is Not Acceptable)

2883 Thornton rd

City

Tallahassee

FL

Zip Code

32308

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.

SIGNATURE Arthur S Freeman

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

Arthur S Freeman

(NOTE: Registered Agent signature required when reinstating)

1-10-2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME P  
STREET ADDRESS MCGLAMORY, N. JANE  
CITY-ST-ZIP 4128 LITTLE EGYPT PLANTATION ROAD  
TALLAHASSEE FL

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

TITLE ☒ Delete  
NAME VPST  
STREET ADDRESS GANDY, FRANK  
CITY-ST-ZIP 332 BLOUNTSTOWN HWY  
TALLAHASSEE FL 32304

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

TITLE ☐ Delete  
NAME President  
STREET ADDRESS Arthur S Freeman  
CITY-ST-ZIP 2883 Thornton rd  
Tallahassee FL 32308

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

TITLE ☐ Delete  
NAME V.P. N. Jane McGlamory  
STREET ADDRESS 4128 Little Egypt Plantation rd  
CITY-ST-ZIP Tallahassee FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur S Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2001

Date

Daytime Phone #

CR2E034 (10/00)