

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/21/2003-90459-026-\$150.00-\$150.00

DOCUMENT # 536885

1. Entity Name
LENNY'S QUALITY CARS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 PM 1:49

Principal Place of Business
1053 E. MAIN STREET
LAKELAND FL 33801

Mailing Address
1053 E. MAIN STREET
LAKELAND FL 33801



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 59-1757527

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSON, RALPH E.

Name RALPH E. OLSON

~~525 QUEENS ST 560 MT SHADOWS DRIVE # 58~~
~~X LAKELAND FL 33803 X CLEVELAND, GEORGIA 31528~~

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

534 W BELVEDERE ST

City LAKELAND FLA

FL

Zip Code 33803

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 *Ralph E. Olson*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-5-03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KLAUSNER, LEONARD	
STREET ADDRESS	639 LAKE HOLLOWAY BLVD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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:

Leonard Klausner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03 8636886500
Date Daytime Phone

CR2E034 (10/02)