

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832253

1. Entity Name
QUALITY TRUCKING, INC.

Principal Place of Business
C/O ANDY PETERSON
404 W SHRIVER P O BOX 159
SUMMERDALE AL 36580
US

Mailing Address
C/O ANDY PETERSON
404 W SHRIVER P O BOX 159
SUMMERDALE AL 36580
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 63-0578573

Applied For
Not Applicable

Zip

Country

Zip

Country

6. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUTTON, JOHN A.
1131 SO. ORANGE AVE.
ORLANDO FL

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$160.00
After MAY 1, 2001 Fee will be \$530.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
ST	PETERSON, VIRGIE	W 1ST ST & SCHRIVER	SUMMERDALE AL	<input type="checkbox"/>
P.	PETERSON, ANDY	W 1ST ST & SHRIVER	SUMMERDALE AL 36580	<input type="checkbox"/>
S.	JAHNEKE, NAOMI (ASST)	W 1ST ST & SCHRIVER	SUMMERDALE AL	<input type="checkbox"/>
V	PETERSON, JAMES M.	W 1ST ST & SCHRIVER	SUMMERDALE AL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: *Virgie Peterson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

DATE

CLASSIFY PHONE #

FILED
SECRETARY OF STATE
FILED
Oct 15, 2001 8:00 A.M
Secretary of State



DO NOT WRITE IN THIS SPACE

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