

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003441

1. Entity Name

QUALITY INSURANCE REPAIR SERVICE, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90035 045 \*\*\*158.75

Principal Place of Business

Mailing Address

111 APRIL WATER DRIVE NORTH  
MONTGOMERY TX 77356

111 APRIL WATER DRIVE NORTH  
MONTGOMERY TX 77356

NORTH

NORTH

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

76-0606173

Applied For

Not Applicable

5. 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

ABBOTT, CLIFFORD M  
668 ASHFORD ROAD  
CANTONMENT FL 32533

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 \$150.00**  
**After MAY 1, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CVD  
ABBOT, WILLIAM D  
111 APRIL WATER DRIVE NORTH  
MONTGOMERY TX 77356

☐ Delete

NORTH

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
ABBOT, BILL  
111 APRIL WATER DRIVE NORTH  
MONTGOMERY TX 77356

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NORTH

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

WILLIAM D. ABBOTT

Date

2/3/00

Daytime Phone #

409-588-3409

CR2E034 (9/99)