

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90042 007 ***150.00

DOCUMENT # G08998

1. Entity Name
QUIGGLE & SON, INC.

Principal Place of Business

Mailing Address

**C/O HARRY S. QUIGGLE
 143 N. CRESCENT BLVD.
 SANFORD FL 32771**

**C/O HARRY S. QUIGGLE
 143 N. CRESCENT BLVD.
 SANFORD FL 32771**

2. Principal Place of Business

189 LOCAR'S PLACE

3. Mailing Address

P.O. Box 1734

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL.

City & State

SANFORD, FL.

4. FEI Number

59-3020064

Applied For

Not Applicable

Zip

Country

32771

Zip

Country

32771

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

**QUIGGLE, HARRY S.
 143 N. CRESCENT BLVD.
 SANFORD FL 32771**

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, 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	PD	<input type="checkbox"/> Delete
NAME	QUIGGLE, HARRY S	
STREET ADDRESS	143 N. CRESCENT BLVD.	
CITY-ST-ZIP	SANFORD FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	QUIGGLE, ELLA M	
STREET ADDRESS	143 N. CRESCENT BLVD.	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOLLOM, LISA M	
STREET ADDRESS	RT 1	
CITY-ST-ZIP	MILBURN OK	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIGGLE, HARRY S.	
STREET ADDRESS	P.O. Box 1431	
CITY-ST-ZIP	SANFORD, FL 32772	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quiggle, Ella M.	
STREET ADDRESS	P.O. Box 1431	
CITY-ST-ZIP	SANFORD, FL 32772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HARRY S. QUIGGLE PRES 2/22/01 407-323-8463

CR2E034 (10/00)