

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90048 032 ***150.00

DOCUMENT # L91712

1. Entity Name

QUALITY TRACTOR AND EQUIPMENT, INC.

Principal Place of Business

1400 PONCE DE LEON BLVD
BROOKSVILLE FL 34601
US

Mailing Address

1400 PONCE DE LEON BLVD
BROOKSVILLE FL 34609-7557
US

2. Principal Place of Business

4175 BROAD ST.

Suite, Apt. #, etc.

3. Mailing Address

4175 BROAD ST.

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

Zip

34609

Country

USA

City & State

BROOKSVILLE, FL

Zip

34609

Country

USA

4. FEI Number

59-3026159

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FOSTER, DAVID B.
5097 LAKEWOOD DR.
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name
DAVID B. FOSTER

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

4175 BROAD ST.

City

BROOKSVILLE

FL

Zip Code

34609

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

x David B Foster

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

(NOTE: Registered Agent signature required when reinstating)

x 2-8-00

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

TITLE NAME	PTD FOSTER, DAVID B.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5097 LAKEWOOD DR. DADE CITY FL	
TITLE NAME	VSD LOWE, MIKE R.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	619 IRIS ST. BROOKSVILLE FL 34601	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	4175 BROAD ST. BROOKSVILLE, FL 34609
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *x David B Foster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-754-8547
 Daytime Phone #

CR2E034 (9/99)