

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001453

1. Entity Name

REX QUALITY DEVELOPMENT, L.C.

FILED

01 MAR 14 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
22 Casarena Crt  
Winter Haven, FL  
33881

Mailing Address  
P.O. Box 195  
Winter Haven, FL  
33882

2. Principal Place of Business  
22 Casarena Crt  
Suite, Apt. #, etc.  
Winter Haven FL

3. Mailing Address  
P.O. Box 195  
Suite, Apt. #, etc.

City & State  
W.H. FL 33881

City & State  
Winter Haven FL

Zip  
33881

Country  
USA

Zip  
33882

Country  
USA

4. FEI Number 593477137

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Rignanesse, Cynthia Crofoot  
198 First St N.  
Winter Haven, FL 33880

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Co-manager  
Juan Feoli  
P.O. Box 195  
Winter Haven FL 33882

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Co-manager  
Adriano Feoli Jr.  
P.O. Box 195  
Winter Haven, FL 33882

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Carlos Feoli  
P.O. Box 195  
Winter Haven FL 33882

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Adriano Feoli  
P.O. Box 195  
Winter Haven FL 33882

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Adriano Feoli

Feb. 8/2001

863 295 2934

CR2E083 (11/00)