

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011281

1. Entity Name  
P.D.Q. TRANS SALES, INC.

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90253 014 \*\*\*150.00

Principal Place of Business  
C/O JUPITER LAW CENTER, CHASEWOOD PLAZA  
STE. 30, 6390 INDIANTOWN RD.  
JUPITER FL 33458

Mailing Address  
C/O JUPITER LAW CENTER, CHASEWOOD PLAZA  
STE. 30, 6390 INDIANTOWN RD.  
JUPITER FL 33458

2. Principal Place of Business  
1808 Fairway Dr. So.  
Suite, Apt. #, etc.

3. Mailing Address  
1808 Fairway Dr. So.  
Suite, Apt. #, etc.

City & State  
Jupiter, FL

City & State  
Jupiter, FL

Zip  
33477

Country  
Palm Beach

Zip  
33477

Country  
Palm Beach

4. FEI Number  
22-3708645

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GUNSON, RICHARD P ESQ.  
C/O JUPITER LAW CENTER, CHASEWOOD PLAZA  
STE. 30, 6390 INDIANTOWN RD.  
JUPITER FL 33458

## 7. Name and Address of New Registered Agent

Name  
Dorothy Poliseo

Street Address (P.O. Box Number is Not Acceptable)  
1808 Fairway Drive South

City  
Jupiter

FL

Zip Code  
33477

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 *Dorothy Poliseo*

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
POLISEO, DOROTHY  
1808 FAIRWAY DR., SOUTH  
JUPITER FL 33477

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
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: *Dorothy Poliseo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY POLISEO

Date

1/18/01

Daytime Phone #

(561) 575-7356

561-575-7356

CR2E034 (10/00)