

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 05, 2001 8:00 am
Secretary of State

03-22-2001 90060 017 ***150.00

DOCUMENT # P00000069754

1. Entity Name

QUALITY GARAGE DOOR SERVICES, INC.

Principal Place of Business

**3795 HICKORY HILL BLVD.
TITUSVILLE FL 32780**

Mailing Address

**3795 HICKORY HILL BLVD.
TITUSVILLE FL 32780**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59 - 3664637

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PIERCE, LEX O
3795 HICKORY HILL BLVD.
TITUSVILLE FL 32780**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	PIERCE, MITCHELL O	1408 STETSON DR., SE	COCOA FL 32922	
	D			
	PIERCE, LEX O JR.	2605 DELCREST DRIVE	ORLANDO FL 32817	
	D			
	PIERCE, LEX O	3795 HICKORY HILL BLVD.	TITUSVILLE FL 32780	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 or other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.20.01

Date

321.264.6399

Daytime Phone #

CR2E034 (10/00)