

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90009 021 \*\*\*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

6750 S. US 1

3. Mailing Address

6750 S. US 1

Suite, Apt. #, etc.

Suite 6

Suite, Apt. #, etc.

Suite 6

City & State

Titusville FL

City & State

Titusville FL

Zip

32780

Country

USA

Zip

32780

Country

USA



DO NOT WRITE IN THIS SPACE

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

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 *Lex O. Pierce, Sr. Representative*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

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, 2002 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          | D                       | <input type="checkbox"/> Delete |
| NAME           | PIERCE, MITCHELL O      |                                 |
| STREET ADDRESS | 1408 STETSON DR., SE    |                                 |
| CITY-ST-ZIP    | COCOA FL 32922          |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | PIERCE, LEX O JR.       |                                 |
| STREET ADDRESS | 2605 DELCREST DRIVE     |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32817        |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | PIERCE, LEX O           |                                 |
| STREET ADDRESS | 3795 HICKORY HILL BLVD. |                                 |
| CITY-ST-ZIP    | TITUSVILLE FL 32780     |                                 |
| 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    |                         |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |  |
|----------------|---------------------|--|
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Pierce, Mitchell O  |  |
| STREET ADDRESS | 1829 Oak Dr. S.     |  |
| CITY-ST-ZIP    | Rockledge FL 32955  |  |
| TITLE          |                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Pierce, Lex O. Jr.  |  |
| STREET ADDRESS | 1375 Killbuck Dr.   |  |
| CITY-ST-ZIP    | Titusville FL 32780 |  |
| 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:

*Lex O. Pierce, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-2002 (321) 264-6399

CR2E034 (9/01)