

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90192 016 ***150.00

DOCUMENT # P00000098066

1. Entity Name

PRO QUALITY UTILITY VEHICLES, INC.

Principal Place of Business

P. O. BOX 1109
 PORT SALERNO FL 34992

Mailing Address

P. O. BOX 1109
 PORT SALERNO FL 34992

2. Principal Place of Business

3095 SE DIXIE Hwy
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

STUART, FL.

City & State

Zip

34997

Country

MARTIN

Zip

Country

4. FEI Number

65-1045951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HARTLEY, DAVID
554 WAVERLY CIR.
PORT ST. LUCIE FL 34983

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

David E. Hartley **DAVID E. HARTLEY** **MEMO**

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 **D** ☐ Delete
 NAME **HARTLEY, DAVID**
 STREET ADDRESS **554 WAVERLY CIR.**
 CITY-ST-ZIP **PORT SALERNO FL 34983**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **HARTLEY, DAVID**
 STREET ADDRESS **554 WAVERLY CIR.**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE ☐ Change ☐ Addition
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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:

David E. Hartley **DAVID E. HARTLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-01

Daytime Phone #

561-219-0019

CR2E034 (10/00)