

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90341 038 ***150.00

DOCUMENT # P01000004968

1. Entity Name

QUALITY OUTBOARDS, INC.

Principal Place of Business

**80 S. MCCALL RD.
ENGLEWOOD FL 34223**

Mailing Address

**80 S. MCCALL RD.
ENGLEWOOD FL 34223**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

56 HARVARD ST.

Suite, Apt. #, etc.

3. Mailing Address

56 HARVARD ST.

Suite, Apt. #, etc.

City & State

Englewood FL.

City & State

Englewood FL.

4. FEI Number

65-1069825

Applied For

Not Applicable

Zip

34223

Country

SARASOTA

Zip

34223

Country

SARASOTA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BUTSVH, RICHARD**616 YALE RD.****VENICE FL 34293**

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

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 ☐ Delete
NAME **D BUTSCH, RICHARD**
STREET ADDRESS **616 YALE RD.**
CITY-ST-ZIP **VENICE FL 34293**TITLE ☐ Delete
NAME **D SYX, ROGER**
STREET ADDRESS **16 SOUTHWIND DR.**
CITY-ST-ZIP **ENGLEWOOD FL 34223**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 **Richard Butsch**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/02

Daytime Phone #

941-474-8630

CR2E034 (9/01)