

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90170 008 \*\*\*150.00

**DOCUMENT # P01000101952**

1. Entity Name

**QUALITY CARE PAINT & BODY SHOP, INC.**

Principal Place of Business

**904 N. TAYLOR RD.  
SEFFNER FL 33584**

Mailing Address

**904 N. TAYLOR RD.  
SEFFNER FL 33584**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEJ Number

**59-3754213**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**HAPNEY, STEVEN  
904 N. TAYLOR RD.  
SEFFNER FL 33584**

## 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MORGAN, YAPING</b>	
STREET ADDRESS	<b>904 N. TAYLOR RD.</b>	
CITY - ST - ZIP	<b>SEFFNER FL 33584</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MORGAN, ROBERT</b>	
STREET ADDRESS	<b>904 N. TAYLOR RD.</b>	
CITY - ST - ZIP	<b>SEFFNER FL 33584</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HAPNEY, STEVEN</b>	
STREET ADDRESS	<b>904 N. TAYLOR RD.</b>	
CITY - ST - ZIP	<b>SEFFNER FL 33584</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HAPNEY, DONNA F</b>	
STREET ADDRESS	<b>904 N. TAYLOR RD.</b>	
CITY - ST - ZIP	<b>SEFFNER FL 33584</b>	
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	
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	
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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-02**

Date

**813-1624-4244**

Daytime Phone #

CR2E034 (9/01)