

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90040 007 \*\*\*150.00

0115842 AV

**DOCUMENT # P02000029006**

1. Entity Name

**QUALITY REFINISHERS, INC.**



Principal Place of Business

**1930 GROVE CT.  
KISSIMMEE FL 34746**

Mailing Address

**1930 GROVE CT.  
KISSIMMEE FL 34746**

2. Principal Place of Business

**Penningers Twin Markets**

3. Mailing Address

**1930 Grove, Crt**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**POB 1633**

City & State

**Mt. Dora, FL**

City & State

**Kissimmee, FL 34746**

Zip

**32756**

Country

**La Ke**

Zip

**34746**

Country

**Osceola**

4. FEI Number

**02-0558188**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RINGE, LENETTE  
1930 GROVE CT.  
KISSIMMEE FL 34746**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lenette Ringe

**EIN # 59-2997658**

**7/3/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

*See attached letter  
requesting that the fee  
of \$400 Penalty be waived*

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete

NAME **RINGE, LENETTE**  
STREET ADDRESS **1930 GROVE CT.**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **V** ☐ Delete

NAME **RINGE, MILO**  
STREET ADDRESS **1930 GROVE CT.**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Lenette Ringe REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/3/03 407-933-9146**

Date

Daytime Phone #

CR2E034 (4/03)