

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PD3000134968

1. Entity Name

QUINCY TRANSMISSIONS, INC.

FILED

04 APR -5 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1131 W. JEFFERSON ST.

3. Mailing Address

1131 W. JEFFERSON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MRS

City & State

QUINCY, FLORIDA

City & State

QUINCY, FLORIDA

4. FEI Number

20-0404099

Applied For

Not Applicable

Zip

32351

Country

USA

Zip

32351

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN E. BRENNES

Street Address (P.O. Box Number is Not Acceptable)

227 S. CALHOYN ST.

City

TALLAHASSEE

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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

JOHN E. BRENNES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-2004

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT - TREASURER
DARRELL B. MOORE
3628 WESTMORELAND DR.
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V-PRESIDENT
WILBUR BAIR
2037 LIMPIN LANE
TALLAHASSEE, FL 32305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
SAMANTHA M. MOORE
3628 WESTMORELAND DR.
TALLAHASSEE, FL 32303

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Darrell B. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 (850)222-6973

Date

Daytime Phone #

CR2E034B (12/01)