

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000000965

1. Entity Name

QRS QUALITY REFINISHING SPECIALISTS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90195 027 ***150.00

Principal Place of Business

Mailing Address

1318 GREENDALE AVE
FT. WALTON BEACH FL 32547
US

1318 GREENDALE AVE
FT. WALTON BEACH FL 32547-1029
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3147215

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARRIETA, THOMAS E
3946 BALSAM DR
NICEVILLE FL 32578

Name MITCHELL WESOLY

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

201 SWEETGUM CT

City

NICEVILLE

FL

Zip Code

32578

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

Mitchell Wesoly, PRESIDENT MITCHELL WESOLY

3/29/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ARRIETA, THOMAS E**
CITY-ST-ZIP **711 SUNNINGDALE COVE**
NICEVILLE FL

TITLE ☒ Change ☒ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **ARRIETA, THOMAS E**
CITY-ST-ZIP **460 RUSH PARK CIRCLE**
MARY ESTHER, FL. 32569

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WESOLY, MITCHELL**
CITY-ST-ZIP **201 SWEETGUM CT**
NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ 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:

Mitchell Wesoly, PRESIDENT

3/29/00

MITCHELL WESOLY 850.862-0072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)