

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029737

1. Entity Name

QUALITY DISTRIBUTION, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90132 001 ***600.00

Principal Place of Business

Mailing Address

3108 CENTRAL DRIVE
PLANT CITY FL 33566

3802 CORPOREX DRIVE
ATTN: TAX DEPARTMENT
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

3802 CORPOREX DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

4. FEI Number

59-3239073

Applied For

Not Applicable

Zip

Country

Zip

Country

33619

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

SCHIFINO, WILLIAM J
SCHIFINO & FLEISCHER P.A.
201 N. FRANKLIN ST., SUITE 2700
TAMPA FL 33602

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, 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	VPC	☒ Delete
NAME	BABBITT, ELTON E	
STREET ADDRESS	% 3108 CENTRAL DRIVE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	CEO	☐ Delete
NAME	O'BRIEN, CHARLES J JR.	
STREET ADDRESS	% 3108 CENTRAL DRIVE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	☒ Delete
NAME	BURTON, DONALD W	
STREET ADDRESS	% 3108 CENTRAL DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	☒ Delete
NAME	MCCULLOUGH, GERALD L.	
STREET ADDRESS	20856 N. RAND RD.	
CITY-ST-ZIP	BARRINGTON IL	
TITLE	S	☐ Delete
NAME	KASAK, ROBERT R.	
STREET ADDRESS	3108 CENTRAL DR.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	SRVP	☐ Delete
NAME	BRANDEWIE, RICHARD	
STREET ADDRESS	3108 CENTRAL DRIVE	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	PD	☐ Change ☒ Addition
NAME	THOMAS L. FINKBINER	
STREET ADDRESS	3802 CORPOREX DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	☒ Change ☐ Addition
NAME		
STREET ADDRESS	3802 CORPOREX DR.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VPD	☐ Change ☒ Addition
NAME	MARVIN E SEXTON	
STREET ADDRESS	3802 CORPOREX DR.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	☐ Change ☒ Addition
NAME	JOSHUA HARRIS	
STREET ADDRESS	1301 AVENUE OF THE AMERICAS, 38TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	3802 CORPOREX DR.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	3802 CORPOREX DR.	
CITY-ST-ZIP	TAMPA FL 33619	

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:

Robert Kasak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT KASAK

2/16/00

Date

888-675-8265

Daytime Phone #

CR2E034 (9/99)