

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060678

1. Entity Name

QUALITY REPAIR OF LAKE CITY, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90091 012 ***150.00

Principal Place of Business

Mailing Address

~~COUNTY ROAD 341~~ 1004 S. ~~P.O. BOX 1581~~ 1004 S. MARION ST.
 LAKE CITY FL 32025 MARION ST. LAKE CITY FL 32056-1581 32025

2. Principal Place of Business

3. Mailing Address

1004 S. MARION ST 1004 S. MARION ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE CITY, FL

LAKE CITY, FL

Zip

Country

Zip

Country

32025

Columbia

32025

Columbia

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~NICHOLS, PETER D~~
~~COUNTY ROAD 341 - SISTERS WELCOME ROAD~~
~~LAKE CITY FL 32055~~

Name

Leopoldo Sotres

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

1004 S. MARION ST.

City

LAKE CITY

FL

Zip Code

32025

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]

(NOTE: Registered Agent signature required when reinstating)

3/31/00

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 NAME ~~NICHOLS, PETER D~~ ☒ Delete
 STREET ADDRESS ~~P.O. BOX 1581 N/A~~
 CITY-ST-ZIP ~~LAKE CITY FL~~

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

TITLE NAME ☐ Delete
 P NICHOLS, JAMIE D
 STREET ADDRESS RT 9 BOX 787
 CITY-ST-ZIP LAKE CITY FL 32024

TITLE NAME ☒ Change ☐ Addition
 Vice Pres. Nichols, Jamie D.
 STREET ADDRESS RT 9 Box 787
 CITY-ST-ZIP LAKE CITY, FL 32025

TITLE NAME ☐ Delete
 Leopoldo Sotres
 STREET ADDRESS 1004 S. MARION ST
 CITY-ST-ZIP LAKE CITY, FL 32025

TITLE NAME ☐ Change ☐ Addition
~~Leopoldo S~~

TITLE NAME ☐ Delete
 Pres. Sotres, Leopoldo
 STREET ADDRESS 1004 S. MARION ST.
 CITY-ST-ZIP LAKE CITY, FL 32025

TITLE NAME ☐ Change ☒ Addition
 Pres. Sotres, Leopoldo
 STREET ADDRESS 1004 S. MARION ST.
 CITY-ST-ZIP LAKE CITY, FL 32025

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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

3/31/00 (904) 752-5878
 Date Daytime Phone #

CR2E034 (9/99)