

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90132 004 \*\*\*150.00

DOCUMENT # **P95000024583**

1. Entity Name

**JOSABAD, INC. = QUALITY AFTERMARKET PRODS. INC.**  
*(CORPORATION WAS RENAMED)*



Principal Place of Business

RR1 BOX 675  
HWY 41N  
LAKE CITY FL 32055  
US

Mailing Address

RR1 BOX 675  
HWY 41N  
LAKE CITY FL 32055  
US

2. Principal Place of Business

**4894 NW US Highway 41**  
Suite, Apt. #, etc.

3. Mailing Address

**4894 NW US Highway 41**  
Suite, Apt. #, etc.

City & State

**Lake City Florida**

City & State

**Lake City FL**

Zip

**32055**

Country

**USA**

Zip

**32055**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3304005**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCKENZIE, RANDY**  
**21274 33RD ROAD**  
**LAKE CITY FL 32024**

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 *Randy McKenzie*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**2/10/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

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

9. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKENZIE, RANDY	
STREET ADDRESS	21274 33RD ROAD	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	METZGAR, BILL	
STREET ADDRESS	21675 W. SHEKINAH PLACE	
CITY-ST-ZIP	O BRIEN FL 32071	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MCKENZIE, TINA	
STREET ADDRESS	21274 33RD ROAD	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, RANDY	
STREET ADDRESS	21274 33RD ROAD	
CITY-ST-ZIP	LAKE CITY, FL. 32024	
TITLE	VD	
NAME	METZGAR, B. II	
STREET ADDRESS	20425 33RD DRIVE	
CITY-ST-ZIP	WELLSBORO, FL. 32094	
TITLE	ST	
NAME	DOUGLAS, Hilda	
STREET ADDRESS	6754 County Road 248	
CITY-ST-ZIP	OBIEN, FL 32071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

EO34 (10/02)

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: *Randy McKenzie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/03**

Date

Daytime Phone #

Attachments DOE#

P95000024583

587008652

4894 North West US Highway 41

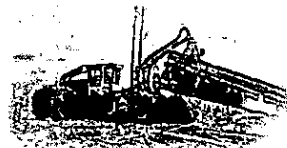
Lake City, Florida 32055

1-877-664-6337

386-754-6186 FAX 386-754-6189



**Quality AfterMarket Parts, Inc.**



To Whom It May Concern:

We have completed the necessary information on the Uniform Business Report as requested. We have also completed the required paper work to have our name changed, using the same FIN # 59-3304005 from Josabad, Inc., to Quality AfterMarket Parts, Inc.

We continue to get paper work on Josabad, Inc., please follow-up and change all information under 59-3304005 to Quality AfterMarket Parts, Inc. We are at the same location, doing the same business, however our county has gone to E-911 address system and our new mailing address is as follows:

4894 North West US Highway 41  
Lake City, Florida 32055

Thank you, sincerely

Linda S. Vought  
Office Manager  
Secretary/Treasurer of Corporation

Your Heavy Duty Parts Specialist  
for the Construction, Logging and Trucking Industries!