

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90085 032 ***158.75

DOCUMENT # P96000032013

1. Entity Name
AUTO-GARD/Q.M.I., INC.

Principal Place of Business

Mailing Address

~~3606 CRAFTSMAN BOULEVARD~~
~~LAKELAND FL 33803~~

~~P O BOX 1149~~
~~PORT RICHEY FL 34652-3731~~
~~US~~

2. Principal Place of Business

3. Mailing Address

5318 LEMON STREET

5318 LEMON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

Zip

34652

Country

PASCO

Zip

34652

Country

PASCO

6. Name and Address of Current Registered Agent

NICHOLSON, JOHN H
4902 FORECASTLE DR
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

SAME

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 *John H. Nicholson*

SAME

1-10-2000

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	TITUS, KENNETH W	
STREET ADDRESS	211 W. POINSETTIA STREET	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	WILLIS, SHANE I	
STREET ADDRESS	1425 HALLAM DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NICHOLSON, JOHN H	
STREET ADDRESS	4902 FORECASTLE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)