

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2001 8:00 am**  
**Secretary of State**

07-20-2001 90006 014 \*\*\*150.00

**DOCUMENT # P96000091865**

**1. Entity Name**  
**QUALITY AUTO WHOLESALERS, INC.**

**Principal Place of Business**  
**6605 BEACH BLVD.**  
**JACKSONVILLE FL 32216**

**Mailing Address**  
**6605 BEACH BLVD.**  
**JACKSONVILLE FL 32216**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0707378**

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**

**LAFLAMME, RACHEL**  
**6605 BEACH BLVD**  
**JACKSONVILLE FL 32216**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **LAFLAMME, RACHEL K**  
**STREET ADDRESS** **6605 BEACH BLVD**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32216**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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**NAME**  
**STREET ADDRESS**  
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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:**

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

**7/10/01 (904) 805-9919**

CR2E034 (5/01)

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JACKSONVILLE FL 32216

Mailing Address

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Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

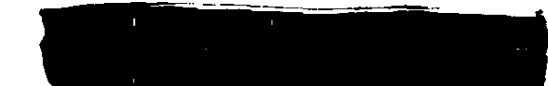
Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number 65-0707378

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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Name

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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, 2001 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          | P                     | <input type="checkbox"/> Delete |
| NAME           | LAFLAMME, RACHEL K    |                                 |
| STREET ADDRESS | 6605 BEACH BLVD       |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32216 |                                 |
| 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    |                       |                                 |
| 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    |  |                                                                   |
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| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 (904) 805-990

Attachment  
# P96000091865  
80060337

**Quality Auto Wholesalers, Inc.**

6605 Beach Blvd. Jacksonville, FL 32216  
(904) 805-9909 fax (904) 805-0959

7/10/01

Dear Sir / Madam -

We received the enclosed VBR and I was confused as I had already sent in the 2001 VBR in early April. I called and was told that the report had not been received and was told by my bank that the check I sent with the report had not been cashed. So, I'm thinking it may have gotten lost or something thanks to the US Postal Services. I ask that you waive the \$400 late fee as this has happened due to no fault of ours, and I have sent in a replacement VBR along with another check.

Please let me know what I should do and if this is acceptable. Should I stop payment on other check?

Thank you.

Dr. Hal [unclear] - Quality Auto Wholesalers