2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000017982 1. Entity Name QUALITY WINDSHIELD SERVICE, INC.								FILED Mar 07, 2002 8:00 am Secretary of State 03-07-2002 90049 050 ***150.00						
Principal Place of Business 1510 53RD AVENUE W BRADENTON FL 34207 Mailing Address 1510 53RD AVENUE BRADENTON FL 34207														
2. Principal Place of Business 3. Mailing Address														
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE							-
City & State City & State								Number	65-073	6815_		<u> </u>	pplied For t Applicable	
Zip	Zip Country		Zip Coun		5. Certificate of Status Desired				ired	S8.75 Additional Fee Required				
	6. Name	and Address of Current Re	gistered Agent		Name		7. Nam	e and Add	iress of N	lew Regi	stered A	gent		
DELOSH, ROBERT 4421 30TH STREET WEST BRADENTON FL 34207					Street A	ddress (P	.0. Box 1	Number is	Not Acce	ptable).				
DIOLDENT					City 12	RAD	en to	———		<u> </u>	FL	Zin Cod		
SIGNATURE 9. This corporate filling in	Signature, typed pration is elig	y submits this statement for the or printed name of registered agent and lible to satisfy its Intangible and elects to do so.	\leq	Registere	d Agent signati	ure required w	vhen reinstat	ing) O. Election		Z -gn Financ	_ / 8 - DATE	\$5.0	0 May Be to Fees	
11.	PTD	OFFICERS AND DIF		12.		I	ADDIT	ONS/CH/	ANGES TO	OFFICE		DIRECTORS		-
NAME STREET ADDRESS CITY-ST-ZIP	DELOSH, 1510 53R	Robert D avenue w On Fl 34207	☐ Delete			:						Change	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1510 53R	, MARK C D AVENUE ON FL 34207	☐ Delete			;						☐ Change	☐ Addition	5
NAME STREET ADDRESS CITY-ST-ZIP		ROBERT D AVENUE W ON FL 34207	· ·- Delete -						. <u>.</u>			Change -	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				-	73		_	.,	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1							-	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			•						☐ Change	☐ Addition	
indicated of the cor	on this repor poration or th	e information supplied with thi t or supplemental report is tru ne receiver or trustee empowe achment with an address with	ie and accurate and that mared to execute this report a	v siona	ture shall h	ave the sa	ame lega	Leffect as	if made u	nder oath	r that Lan	n an officer.	or director	

7-18-02 941-751-1136
Date Daytime Phone #

THE RESURTED

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