

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90801 002 ***150.00

DOCUMENT # P97000049694

1. Entity Name

QUALITY AUTO REPAIRS OF BAY COUNTY, INC.

Principal Place of Business

1515 DEGAMA AVE.
PANAMA CITY FL 32401

Mailing Address

1515 DEGAMA AVE.
PANAMA CITY FL 32405-3700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0758590

Applied For

Not Applicable

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

ANDREWS, RONALD A
1515 DEGAMA AVE.
PANAMA CITY FL 32401

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 \$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	P	SCOTT, JOHN L JR.	☐ Delete
NAME		P O BOX 1018 N/A	
STREET ADDRESS		FT. WALTON BEACH FL 32549	
CITY - ST - ZIP			
TITLE	ST	SCOTT, BEVERLY R	☐ Delete
NAME		P O BOX 1018 N/A	
STREET ADDRESS		FT. WALTON BEACH FL 32549	
CITY - ST - ZIP			
TITLE	V	ANDREWS, RONALD A	☐ Delete
NAME		113 LANNIE ROWE	
STREET ADDRESS		PANAMA CITY FL 32404	
CITY - ST - ZIP			
TITLE	V	ANDREWS, DEBORAH G	☐ Delete
NAME		113 LANNIE ROWE	
STREET ADDRESS		PANAMA CITY FL 32404	
CITY - ST - ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	President	SCOTT, John L. Jr.	☐ Change ☐ Addition
NAME		PO Box 1320	
STREET ADDRESS		Destin, FL 32540-1320	
CITY - ST - ZIP			
TITLE	St	Scott, Beverly	☐ Change ☐ Addition
NAME		PO Box 1320	
STREET ADDRESS		Destin, FL 32540-1320	
CITY - ST - ZIP			
TITLE	V	Andrews, Ronald	☐ Change ☐ Addition
NAME		8008 Blanche Dr.	
STREET ADDRESS		Panama City, FL 32404	
CITY - ST - ZIP			
TITLE	V	Andrews, Deborah	☐ Change ☐ Addition
NAME		8008 Blanche Dr.	
STREET ADDRESS		Panama City, FL 32404	
CITY - ST - ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)