

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058232

1. Entity Name

IDEAL QUALITY ENTERPRISES, INC.

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90001 016 ***550.00

Principal Place of Business

Mailing Address

RURAL RT. 17, BOX 1003-4
LAKE CITY FL 32055

RURAL RT. 17, BOX 1003-4
LAKE CITY FL 32055

2. Principal Place of Business

316 E. St. Johns St.

3. Mailing Address

316 E. St. Johns St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Lake City, FL

Zip

32025

Country

USA

Zip

32025

Country

USA

4. FEI Number 59-3521547

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

CASTELLANOS, GAIL R
RURAL RT. 17, BOX 1003-4
LAKE CITY FL 32055

Name

Gail R. Castellanos

Street Address (P.O. Box Number is Not Acceptable)

316 E. St. Johns St.

City

Lake City

FL

Zip Code

32025

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

Gail R. Castellanos

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

(NOTE: Registered Agent signature required when reinstating)

August 10, 2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CASTELLANAS, GAIL R
STREET ADDRESS RR 17 BOX 1003-4
CITY-ST-ZIP LAKE CITY FL 32055

TITLE President ☒ Change ☐ Addition
NAME Gail R. Castellanos
STREET ADDRESS 316 E. St. Johns St.
CITY-ST-ZIP Lake City, FL 32025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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)(l), 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:

Gail R. Castellanos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 10, 2001

Date

386-755-1964

Daytime Phone #

CR2E034 (10/00)