2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063622

1. Entity Name

DEALER QUALITY SERVICE, INC.

Principal Place of Business Mailing Address 1235 19TH AVE N STREET LAKE WORTH FL 33460-6570 DEACH EL SSAAI

FILED May 01, 2000 8:00 am Secretary of State 05-01-2000 90547 025 ***150.00



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Principal Place of Business 3. Mailing Address									
. <u>.</u>		Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE 4. FEI Number 65-085 1907 Applied For				
etc.	Suite, Apt. #, etc.								
	City & State								
Country	Zip	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Curre	ent Registered Agent			7. 1	lame and A	dress of New	Registered A	gent	-
			Name						
PETROZELLI, THOMAS 291 NW 1 STREET			Street Address (P.O. Box Number is Not Acceptable)						
IELD BEACH FL 33441			City					Zip Cod	de
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ation is eligible to satisfy its Intang	gible FILE	NOW!!! FEE	IS \$150.0	0	 	on Campaign F	DATE	\$5.0)0 May Be
(See criteria on back) Make Check Payable				of State	Trust Fund Contribution. Added to Fees				
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POMPANO BEACH FL 33064			-SI-ZIP	Lake W	ortu	FL. 334	<u>60 - 65 i</u>		
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		- (111)							
	Country 6. Name and Address of Curre DZELLI, THOMAS W 1 STREET FIELD BEACH FL 33441 amed entity submits this statement ignature, typed or printed name of registered a ation is eligible to satisfy its Intang quirement and elects to do so. OFFICERS A D PETROZELLI, THOMAS 1235 19TH AVE N LAKE WORTH FL 33460-6570 D RUEHL, THOMAS 2932 NE 12 TERR POMPANO BEACH FL 33064	Country City & State Country Zip 6. Name and Address of Current Registered Agent DZELLI, THOMAS W 1 STREET FIELD BEACH FL 33441 amed entity submits this statement for the purpose of change ignature, typed or printed name of registered agent and title if applicable. attion is elligible to satisfy its Intangible quirement and elects to do so. OFFICERS AND DIRECTORS D PETROZELLI, THOMAS 1235 19TH AVE N LAKE WORTH FL 33460-6570 D RUEHL, THOMAS 2932 NE 12 TERR POMPANO BEACH FL 33064	Country City & State Country Zip Country City & State Country Country City & State Country City & State Country Country City & State Country Country City & State Country Country	Country City & State Country Name Street Agent Name Street Ad City Amad entity submits this statement for the purpose of changing its registered office or incompanies of the purpose of changing its registered office or incompanies of the purpose of changing its registered Agent signature. The purpose of changing its registered Agent signature or incompanies of the purpose of changing its registered Agent signature. The purpose of changing its registered Agent Agent Agent signature. The purpose of changing its registered Agent Agent Agent Agent Agent Agent Signature. The purpose of changing its registered Agent	Country Zip Country Zip Country Zip Country S. G. 6. Name and Address of Current Registered Agent Name DZELLI, THOMAS W 1 STREET FIELD BEACH FL 33441 City amed entity submits this statement for the purpose of changing its registered office or registered agent and little if applicable. (NOTE: Registered Agent signature required when relation is elligible to satisfy its intangible purposent and elects to do so. In back) OFFICERS AND DIRECTORS Delete OFFICERS AND DIRECTORS Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE TITLE	Country City & State Country Zip Country S. Certificate of S. Name and Address of Current Registered Agent Name DZELLI, THOMAS N 1 STREET FIELD BEACH FL 33441 City City Amend entity submits this statement for the purpose of changing its registered office or registered agent, or both, city and or proted nerve of registered agent and title if applicable Protection is eligible to satisfy its intangible purement and elects to do so. Make Check Payable to Department of State OFFICERS AND DIRECTORS DETEROZELLI, THOMAS 1235 19TH AVE N LAKE WORTH FL 33460-6570 D RUBBER ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE TITLE TITLE	Country City & State Country S. Certificate of Status Desired Rame T. Name and Address of New Name Street Address (P.O. Box Number is Not Acceptable Name City City amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fi City amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fi City amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fi City amed entity submits this statement for the purpose of changing its registered deprit agenture well-reduced agent, or both, in the State of Fi City attention is eligible to satisfy its intangible After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS Delete TILE NAME SIRET ADDRESS CITY-ST-2P Delete TIL	Country City & State Country City & State Country Count	Country Zip Country 5, Certificate of Status Desired Series Agent Country 7 Zip Country 5, Certificate of Status Desired Series 88.75 And Page Resource 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Page Resource Name Street Address (P.O. Box Number is Not Accoptable) Street Address (P.O. Box Number is Not Accoptable) Total BEACH FL 33441 City FL Zip Cod amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. Street Address (P.O. Box Number is Not Accoptable) FLE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State DO DEFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR DO DEPETED AGENT AGE

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 of 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.

Petrozelli