

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078191

1. Entity Name

A-1 QUALITY PRODUCTS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90295 029 ***150.00

Principal Place of Business

Mailing Address

9900 WESTWOOD DR.
TAMARAC FL 33321
US

9900 WESTWOOD DR.
TAMARAC FL 33321-1817
US

2. Principal Place of Business

3. Mailing Address

7135 NW 88 Ave

7960 NW 89 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tamarac FL

Tamarac FL

4. FEI Number

65-0862527

Applied For

Not Applicable

Zip

Country

Zip

Country

33321

USA

33321

USA

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

BRUCE, MEREDITH
9900 WESTWOOD DR.
TAMARAC FL 33321

Name

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

7960 NW 89 Ave

City

Tamarac

FL

Zip Code

33321

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 ☐ Delete
NAME DP
STREET ADDRESS BRUCE, MEREDITH
CITY-ST-ZIP 9900 WESTWOOD DR.
TAMARAC FL 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 7960 NW 89 Ave
CITY-ST-ZIP Tamarac FL 33321

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)(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:

Meredith Bruce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)