

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *98000080300*

FILED
May 07, 2000 8:00 am
Secretary of State
 05-07-2000 90039 042 ***150.00

1. Entity Name
Quality Care Automotive Center Inc.

Principal Place of Business Mailing Address
1915 Collier Parkway *SAME*
Lot 2, Florida 33549

2. Principal Place of Business 3. Mailing Address
1915 Collier Parkway *1915 Collier Parkway*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Lot 1
 City & State City & State
Lot 2, Florida *Lot 2, Florida*
 Zip Country Zip Country
33549 *PASCO* *33549* *PASCO*

4. FEI Number *59-3540970* Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Kevin M. Lowe
7256 Royal Oak Drive
Springhill, FLA. 34607

7. Name and Address of New Registered Agent
 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 *K. M. Lowe* DATE *4-21-00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<i>President</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Kevin Lowe</i>		NAME		
STREET ADDRESS	<i>7256 Royal Oak Dr.</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Springhill, FLA. 34607</i>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *K. M. Lowe* DATE *4-21-00* DAYTIME PHONE # *813 909 4030*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)