

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106937

### 1. Entity Name

**QUALITY DEALER SERVICES, INCORPORATED**

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90481 019 \*\*\*150.00

Principal Place of Business	Mailing Address
2105 CANAL RIDGE DRIVE TITUSVILLE FL 32780	2105 CANAL RIDGE DRIVE TITUSVILLE FL 32780-7401

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		
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MATTESON, DEAN L 2105 CANAL RIDGE DRIVE TITUSVILLE FL 32780	Name
	Street Address
	City

4. FEI Number	59-4055607	Applied For
		Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

<b>7. Name and Address of New Registered Agent</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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
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TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTESON, DEAN L		NAME		
STREET ADDRESS	2105 CANAL RIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		CITY-ST-ZIP		

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CITY ST ZIP		CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dean R. Matteson

5-1-00

321-383-8888

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (9/99)