2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am **DOCUMENT #** P9900005772 Secretary of State 1. Entity Name 02-05-2002 90162 019 ***150 00 A1 QUALITY AUTO SALES, INC. Principal Place of Business Mailing Address 4022 GREEN BOULEVARD **4022 GREEN BOULEVARD** NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0891443 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FUCHS, LAWRENCE M 590 ROYAL PALM BEACH BLVD. BOYAL PALM BEACH FL 33411 City 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 or printed name of registered agent and title if applicab (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete JOHN GEORGE 5090 BERKELEY DRIVE NAPLES PL. 34112 GEORGE, JOHN NAME STREET ADDRESS **5426 WHITTEN DRIVE** STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP TITLE DVT Delete TITLE LORRAINE A. GEORGE Change NAME GEORGE, LORRAINE A NAME 5090 BERKELEY STREET ADDRESS 4022 GREEN BLVD STREET ADDRESS CITY-ST-7IE NAPLES FL 34116 CITY-ST-ZIP TITLE TITLE □ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7IP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition

FILED