

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90108 030 ***150.00

DOCUMENT # P99000083273
1. Entity Name
QUALITY REPAIRS, INC.

Principal Place of Business 2735 Tropical Lake Dr.
 Kissimmee, FL 34741
Mailing Address 2735 Tropical Lake Dr.
 Kissimmee, FL 34741

A0060919

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3501 W. Vine St., #104
 Suite, Apt. #, etc.
3. Mailing Address 3501 W. Vine St., #104
 Suite, Apt. #, etc.

City & State Kissimmee, FL
Zip 34741
Country
City & State Kissimmee, FL
Zip 34741
Country

4. FEI Number 59-3599872
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 Balletto, Vincent D.
 3956 Town Center Blvd., #165
 Orlando, FL 32837

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 _____ **DATE** _____
 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
MAY 1, 2001 PAYABLE \$250.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P/T David Stratton 2735 Tropical Lake Dr. Kissimmee, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T David Stratton 3501 W. Vine St., #104 Kissimmee, FL 34741 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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3. 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: DAVID C. STRATTON 4/20/01 407 933 6703
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #