FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90034 013 ***150.00

DOCUMENT # S 82399

1. Entity Name
QUICK MOTORS INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
914 SR 542	P.O. Box 1738
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dundee FLORIDA	City & State: Dundee FLA
Zip: 33838 County: Polk	Zip: 33838 County: Polk

DO NOT WRITE IN THIS SPACE

4. FEI Number 59 308 1850 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name WATERS, Emmett T.
Street Address (P.O. Box Number is Not Acceptable) 914 SR 542
City Dundee FL Zip Code 33838

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D	TITLE	
NAME	WATERS, Emmett T.	NAME	
STREET ADDRESS	914 SR 542	STREET ADDRESS	
CITY-ST-ZIP	Dundee FLA 33838	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Emmett T. Waters 4-1-02 863 439 2018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #