

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S86369**

1. Entity Name

**QUAD-COUNTY DEFENSIVE DRIVING SCHOOL, INC.**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90371 037 \*\*\*150.00

Principal Place of Business

**1940 MARAVILLA AVE  
FT. MYERS FL 33901  
US**

Mailing Address

**P.O. BOX 127  
FT. MYERS FL 33902  
US**

2. Principal Place of Business

**8695 College Parkway**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 341**

City & State

**Ft. Myers FL**

City & State

4. FEI Number

**65-0320449**

Applied For

Not Applicable

Zip

**33919**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WYATT, SUE G  
7275 PELAS CIRCLE  
N. FT. MYERS FL 33917**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1323 Rio Vista**

City

**Ft. Myers**

Zip Code

**33901**

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

*Sue G. Wyatt, President*

**4-18-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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, 2001 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

TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>WYATT, SUE G</b>	
STREET ADDRESS	<b>1940 MARAVILLA AVENUE</b>	
CITY-STATE-ZIP	<b>FORT MYERS FL 33901</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>8695 College Pkwy Suite 341</b>	
CITY-STATE-ZIP	<b>Ft. Myers FL 33919</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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

*Sue G. Wyatt, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-01**

Date

**941-275-1940**

Daytime Phone

CR2E034 (10/00)