

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V15289

1. Entity Name

QUALITY DYE WORKS, INC.

FILED

Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90061 006 ***150.00

Principal Place of Business

Mailing Address

20 FOXMOOR ST.
MOORE HAVEN FL 33471
US

P.O. BOX 40
CLEWISTON FL 33471-1333

2. Principal Place of Business

1060 Foxmoor St.

3. Mailing Address

PO Box 1333

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MOORE HAVEN FL

City & State

MOORE HAVEN, FL

Zip

33471

Country

USA

Zip

33471

Country

USA

4. FEI Number 65-0315093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, JULIA A.
402 E PASADENA AVE
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name

SAME

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

1175 Foxmoor St.

City

MOORE HAVEN

FL

Zip Code

33471

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

Julia A. Clark

Julia A. Clark

3/22/2000

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) ☐

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

TITLE	S	<input type="checkbox"/> Delete
NAME	CLARK, JULIA A.	
STREET ADDRESS	402 E. PASADENA AVE.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	P	<input type="checkbox"/> Delete
NAME	CLARK, JOHN J.	
STREET ADDRESS	402 E. PASADENA	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1175 Foxmoor Street	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1175 Foxmoor Street	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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:

Julia A. Clark

Julia A. Clark

3/22/00

941 946 3131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)