

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V16135

1. Entity Name

LEHIGH QUALITY MOTORS, INC.

Principal Place of Business

Mailing Address

C/O CLEWISTON CPD  
202 W SUGARLAND HWY  
CLEWISTON FL 33440

C/O JOHN JAY WATKINS, ESQUIRE  
P.O. BOX 250  
LABELLE FL 33975-0025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0313454

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OHL, BRADLEY L.  
801 ABRAMS BLVD.  
LEHIGH FL 33970

Name

Bradley L. Ohl

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

202 W. Sugarland Hwy.

City

Clewiston, FL. 33440

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-2000

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	PD	<input type="checkbox"/> Delete
NAME	OHL, BRADLEY L	
STREET ADDRESS	<del>705 NEWBORN AVE.</del>	
CITY-ST-ZIP	<del>LEHIGH ACRES FL 33972</del>	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	FRIERSON, EDWARD P	
STREET ADDRESS	250 RIVERVIEW BLVD.	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUTTERFIELD, LARRY	
STREET ADDRESS	1013 3RD ST. N.E.	
CITY-ST-ZIP	INDEPENDENCE IA 50644	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradley L. Ohl	
STREET ADDRESS	1130 Park Dr	
CITY-ST-ZIP	LaBelle, FL. 33935	
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		
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: X

*Bradley L. Ohl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00  
(Date)

863-983-4600  
(Daytime Phone #)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90003 041 \*\*\*150.00

80017760



DO NOT WRITE IN THIS SPACE