

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V16135

1. Entity Name

LEHIGH QUALITY MOTORS, INC.

Principal Place of Business

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

Mailing Address

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

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  
202 W SUGARLAND HWY  
CLEWISTON FL 33440

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME OHL, BRADLEY L  
STREET ADDRESS 1130 PARK DR  
CITY-ST-ZIP LABELLE FL 33935 ☐ Delete

TITLE VSTD  
NAME FRIERSON, EDWARD P  
STREET ADDRESS 250 RIVERVIEW BLVD.  
CITY-ST-ZIP LABELLE FL 33935 ☐ Delete

TITLE VD  
NAME BUTTERFIELD, LARRY  
STREET ADDRESS 1013 3RD ST. N.E.  
CITY-ST-ZIP INDEPENDENCE IA 50644 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 or without the empowered.

SIGNATURE

*Edward P. Frierson*  
Signature and typed or printed name of signing officer or director

6-13-2002

Date

863-983-4600

Daytime Phone #

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90462 041 \*\*\*150.00

07-01-2002 90354 002 \*\*\*400.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)