

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000074987

**Entity Name:** QUALITY REPAIRS USA, INC.

**Current Principal Place of Business:**

3501 WEST VINE STREET  
SUITE 353  
KISSIMMEE, FL 34741

**Current Mailing Address:**

3501 WEST VINE STREET  
SUITE 353  
KISSIMMEE, FL 34741

**FEI Number:** 76-8847493

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAYES, ROBERT S  
441 W. VINE STREET  
KISSIMMEE, FL 34741 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                                  |                 |                                  |
|-----------------|----------------------------------|-----------------|----------------------------------|
| Title           | PTD                              | Title           | S                                |
| Name            | STRATTON, DAVID                  | Name            | MASTRANTONI, LORI                |
| Address         | 3501 WEST VINE STREET, SUITE 353 | Address         | 3501 WEST VINE STREET, SUITE 353 |
| City-State-Zip: | KISSIMMEE FL 34741               | City-State-Zip: | KISSIMMEE FL 34741               |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORI MASTRANTONI

**SECRETARY**

**06/07/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date