

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101144

Entity Name: QUALITY 1 AUTO CARE, INC.

Current Principal Place of Business:

19 HARDEE ST.
LABELLE, FL 33835

Current Mailing Address:

P.O. BOX 685
LABELLE, FL 33975

FEI Number: 65-0961949

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BHAGWANDIN, SHARDHANAND
19 HARDEE STREET
LABELLE, FL 33935 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 P
Name BHAGWANDIN, SHARDANAND
Address 19 HARDEE STREET
City-State-Zip: LABELLE FL 33935

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: BHAGWANDIN , SHARDANAND

PRESIDENT

03/02/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date