

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

06-19-2002 90462 041 \*\*\*150.00  
 07-01-2002 90354 002 \*\*\*400.00

**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0313454</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>OHL, BRADLEY L</b> 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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHL, BRADLEY L		NAME		
STREET ADDRESS	1130 PARK DR		STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935		CITY-ST-ZIP		
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIERSON, EDWARD P		NAME		
STREET ADDRESS	250 RIVERVIEW BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTERFIELD, LARRY		NAME		
STREET ADDRESS	1013 3RD ST. N.E.		STREET ADDRESS		
CITY-ST-ZIP	INDEPENDENCE IA 50644		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 either be empowered.

SIGNATURE *Edward P. Frierson* Edward P. Frierson **6-13-2002** 863-983-4600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)