

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90123 017 ***158.75

DOCUMENT # G09432

1. Entity Name
QUALITY GRASSING AND SERVICES, INC.

Principal Place of Business 17502 HIGHWAY 672 DRAWER 108 FL 33547	Mailing Address 17502 HIGHWAY 672 P.O. DRAWER 108 LITHIA FL 33547-0108
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00020634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2233851	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BARNES, IRENE
WEST HWY 672, 1 1/2 MI. W OF HWY 39 SOUTH
LITHIA FL 33547

7. Name and Address of New Registered Agent

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, 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 BARNES, P HOWARD	
STREET ADDRESS 17502 HWY 672	
CITY-ST-ZIP LITHIA, FL 00000	
TITLE STD	<input type="checkbox"/> Delete
NAME BARNES, IRENE J	
STREET ADDRESS 17502 HWY 672	
CITY-ST-ZIP LITHIA, FL 00000	
TITLE VD	<input type="checkbox"/> Delete
NAME THOMAS, J W	
STREET ADDRESS 1202 PELOTE CEMETARY RD	
CITY-ST-ZIP LITHIA, FL 00000	
TITLE AVP	<input type="checkbox"/> Delete
NAME PRICE, ROBERT C	
STREET ADDRESS 1312 OXMOOR COURT	
CITY-ST-ZIP VALRICO FL 32786	
TITLE AVP	<input type="checkbox"/> Delete
NAME ARMSTRONG, JAMES L	
STREET ADDRESS 1202 PELOTE CEMETARY ROAD	
CITY-ST-ZIP LITHIA FL 33547	
TITLE AVP	<input type="checkbox"/> Delete
NAME BARNES, THOMAS H	
STREET ADDRESS 901 WOODVIEW DRIVE	
CITY-ST-ZIP BRANDON FL 33511	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2320 Terra Ceia Bay Blvd. # 401
CITY-ST-ZIP	Palmetto, FL 34221
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	

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: Irene Barnes **Irene Barnes** 2/9/00 (813)634-3326
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)