

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91072 012 ***158.75

DOCUMENT # G09432

1. Entity Name
QUALITY GRASSING AND SERVICES, INC.

Principal Place of Business
17502 HIGHWAY 672
P.O. DRAWER 108
LITHIA FL 33547

Mailing Address
17502 HIGHWAY 672
P.O. DRAWER 108
LITHIA FL 33547



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2233851**

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

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

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, 2001 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** ☐ Delete
 NAME **BARNES, P HOWARD**
 STREET ADDRESS **17502 HWY 672**
 CITY-ST-ZIP **LITHIA, FL 00000**

TITLE **AVP** ☐ Change ☒ Addition
 NAME **Thomas, Donald E.**
 STREET ADDRESS **3917 Powerline Road**
 CITY-ST-ZIP **Lithia, FL 33547**

TITLE **STD** ☐ Delete
 NAME **BARNES, IRENE J**
 STREET ADDRESS **17502 HWY 672**
 CITY-ST-ZIP **LITHIA, FL 00000**

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

TITLE **VD** ☐ Delete
 NAME **THOMAS, J W**
 STREET ADDRESS **1202 PELOTE CEMETARY RD**
 CITY-ST-ZIP **LITHIA, FL 00000**

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

TITLE **AVP** ☐ Delete
 NAME **PRICE, ROBERT C**
 STREET ADDRESS **2320 TERRA CEIA BAY BLVD, #401**
 CITY-ST-ZIP **PALMETTO FL 34221**

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

TITLE **AVP** ☐ Delete
 NAME **ARMSTRONG, JAMES L**
 STREET ADDRESS **1202 PELOTE CEMETARY ROAD**
 CITY-ST-ZIP **LITHIA FL 33547**

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

TITLE **AVP** ☐ Delete
 NAME **BARNES, THOMAS H**
 STREET ADDRESS **901 WOODVIEW DRIVE**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 all other like empowered.

SIGNATURE: Irene J. Barnes - Irene J. Barnes 04/25/01 (813)634-3326
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)