2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am secretary of State DOCUMENT # G09432 1. Entity Name 05-24-2002 90560 042 ***150 00 QUALITY GRASSING AND SERVICES, INC. Principal Place of Business Mailing Address 17502 HIGHWAY 672 17502 HIGHWAY 672 P.O. DRAWER 108 P.O. DRAWER 108 LITHIA FL 33547 LITHIA FL 33547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2233851 Not Applicable Country -----Country -\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNES, IRENE Street Address (P.O. Box Number is Not Acceptable) WEST HWY 672,1 1/2 MI. W OF HWY 39 SOUTH **LITHIA FL 33547** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. AVP TITLE TITLE Addition ☐ Delete thomas Donald NAME BARNES, P HOWARD 3917 Powerline Koad STREET ADDRESS 17502 HWY 672 STREET ADDRESS CITY: ST-ZIP LITHIA, FL 00000 CITY-ST-ZIP Lithia FL 33547 STD ☐ Defete TITLE Change ☐ Addition NAME BARNES, IRENE J NAME STREET ADDRESS 17502 HWY 672 STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP" -Lithia, fl~00000 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME THOMAS, J W NAME STREET ADDRESS STREET ADDRESS 1202 PELOTE CEMETARY RD CITY-ST-ZIP CITY-ST-ZIP LITHIA, FL 00000 TITLE **AVP** ☐ Delete TITLE Change ☐ Addition PRICE, ROBERT C NAME NAME STREET ADDRESS STREET ADDRESS 2320 TERRA CEIA BAY BLVD. #401 CITY-ST-ZIP CITY-ST-7IP PALMETTO FL 34221 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ARMSTRONG, JAMES L NAME STREET ADDRESS 1202 PELOTE CEMETARY ROAD STREET ADDRESS LITHIA FL 33547 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition BARNES, THOMAS H NAME STREET ADDRESS 901 WOODVIEW DRIVE STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33511**

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

FILED