

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90038 020 ***150.00

DOCUMENT # P95000054782

1. Entity Name

INTERNATIONAL QUALITY SERVICES, INC.

Principal Place of Business

Mailing Address

**399 SNOW DRIVE
 FT. MYERS FL 33919**

**399 SNOW DRIVE
 FT. MYERS FL 33919-3137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0591922

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

**ERICKSON, KENNETH D
 3957 BLENHEIM STREET
 FT. MYERS FL 33919**

Name

ERICKSON, KENNETH D

Street Address (P.O. Box Number is Not Acceptable)

399 SNOW DRIVE

City

FT. MYERS

FL

Zip Code

33919

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	P			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	THOMAS, WILLIAM C	26181 FAIRGROUNDS BLVD.	BUSH LA 70431						<input type="checkbox"/>	<input type="checkbox"/>
	ST			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MANUSCO, ROSS	10 LA QUINTA DRIVE	SLIDELL LA 70458						<input type="checkbox"/>	<input type="checkbox"/>
	VP			<input type="checkbox"/>		P/S			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ERICKSON, KEN	3957 BLENHEIM ST	FT MYERS FL 33919			ERICKSON, KENNETH D	399 SNOW DRIVE	FT. MYERS, FLORIDA 33919	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/2000

Date

941-466-5818

Daytime Phone #