

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 384198

1. Entity Name

ORIGINAL QUALITY, INC.

Principal Place of Business

1089 ATLANTIC BLVD
STE 19
ATLANTIC BCH FL 32233
US

Mailing Address

707 FIRST ST SOUTH
UNIT 604
JACKSONVILLE BCH FL 32250-6670
US

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 59-1432406

Applied For
Not Applicable

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

BALLARD, FRANCIS B.
707 SOUTH 1ST ST
UNIT 604
JACKSONVILLE BCH FL 32250

UNIT 604

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, 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	PMT	<input type="checkbox"/> Delete
NAME	BALLARD, FRANCIS B.	
STREET ADDRESS	707 S. FIRST ST #604	
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BALLARD, BYRON F	
STREET ADDRESS	3678 VALANCIA ROAD	
CITY-ST-ZIP	JACKSONVILLE BCH FL 32205	
TITLE	DTS	<input checked="" type="checkbox"/> Delete
NAME	BALLARD, SHALYN M.	
STREET ADDRESS	3000 SANCTUARY BLVD.	
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, SHALYN M.	
STREET ADDRESS	125 TEGA CAY PLACE #906	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
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 type="checkbox"/> Change <input type="checkbox"/> 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:

Francis B. Ballard

Date

1/17/00 904-241-0757

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90035 002 ***150.00

00010149



DO NOT WRITE IN THIS SPACE