

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 384198

1. Entity Name

ORIGINAL QUALITY, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90028 049 ***150.00

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
US

2. Principal Place of Business

707 FIRST STREET S.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH

City & State

—

Zip

32250

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

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

7. Name and Address of New Registered Agent

Name

NONE

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

Francis B. Ballard

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PMT
BALLARD, FRANCIS B.
707 S. FIRST ST #604
JACKSONVILLE BCH FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
BALLARD, BYRON F
3678 VALANCIA ROAD
JACKSONVILLE BCH FL 32205 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
BALLARD, SHALYN M
125 TEGA CAY PLACE #904
PONTE VEDRA BEACH FL 32082 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
BALLARD, BYRON F.
707 S. FIRST ST. #604
JACKSONVILLE BEACH FL 32250 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
BALLARD, SHALYN M.
707 S. FIRST ST. #604
JACKSONVILLE BEACH, FL 32250 ☒ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-241-0757

CR2E034 (10/00)