FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J 09214

1. Entity Name

Quality Linen Systems, Inc.

ty Lin



FILED Jun 05, 2003 8:00 am Secretary of State

06-05-2003 90131 011 ***150.00

	OO NOT WRITI	E IN THIS	SPAC	E	19179 0	4U
2. Principal Pl	ace of Business	3. Mailing Address				
5128 As	shmeade Rd, Orlan	3. Mailing Address	shmeade	Road,		
FL _{Suite} , AB. 1,0 Orange Co. Orange FI			<u>FL 3281</u>	Orange	DO NOT WRITE IN THIS SPACE	
		{				
City & State	9	City & State			4. FEI Number	Applied For
Orlando, FL		Orlando,	Orlando, FL		59-2819624	Not Applicable
Zip	Country	Zip			5. Certificate of Status Desired \$8.75 Additional	
32810Orange		<u> 132810</u>	Ora		Fee Required	
angertzy, ann o son i Su.				Name	7. Name and Address of Current Regis	stered Agent
	DO NOT W	'DITE			as Toyott DA	
DO_NOT_WRITE				W Thomas Lovett PA Street Address (P.O. Box Number is Not Acceptable)		
Service Common C	IN THIS S	DACE		801_N.		
		FAUL			-	
				City		FL Zip Code
and the second s				Orlando, FL FL 32803		
	•	for the purpose of chang	ing its registere	d office or registere	ed agent, or both, in the State of Florida.	am familiar with, and accept
the obligati	ons of registered agent.					à
	₽.					
SIGNATURE, _	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating)	DATE
	uary 1 - May 1 Fee is \$150.00			-		
	After May 1, Fee is \$550.00				9. Election Campaign Financing	To the may be
	Amended UBR is \$61.25 Payable to Florida Department	of State			Trust Fund Contribution,	☐ Added to Fees
10.	OFFICERS AN	3-3448-3-423-3-423-3-434-3-4				
TITLE			a TITLE			Later Galland for all the supplier of Gallanders
NAME	President		NAME			endrollog de la company de La company de la company d
STREET ADDRESS	Gerald E. Skidmore		STAES	I ADDRESS		
CITY-ST-ZIP	5128 Ashmeade Road		CITY-	ST-ZIP		
TITLE	Orlando, FL 328	310	mle			
NAME	Yames ^P Eesskiantre		NAME			
STREET ADDRESS	2338 CarrolWood Way		STREE	T ADDRESS		
CITY-ST-ZIP	Apopka, FL 32712		CITY:	ST-ZIP		a valenta e e e e e e e e e e e e e e e e e e e
TITLE			TITLE	and the said of the said of		engag ngagawang ng Propinsi di Andrews Pers
NAME	Secretary/Rreasurer Gerald E. Skidmore					
STREET ADDRESS	5128 Ashmeade Road		STREE	F ADDRESS	DO NOT W	DITE
CITY-ST-ZIP	0.1	110	ciry	ST-ZIP	DO NOT W	and the second s
TITLE	Orlando, FL 320	510	TITLE		IN THIS SP	ACE
NAME			NAME		IN THIS OF	AVL
STREET ADDRESS				ADDRESS.		ener graden av det er er er en en er
CITY-ST-ZIP			CITY-	SI-ZIP.		
TITLE			TITLE			
NAME			NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			CITY	51-£IP		
TITLE			TITLE			
NAME CTREET APPRICES	•		NAME	taring the same force		Service American Services, Services San L. Services San Leading
STREET ADDRESS			SIREE	ADDRESS		

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-03

e Daytime Phone #