

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M90727

1. Entity Name  
QUALITY ROOFING SERVICES, INC.

R

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90015 026 \*\*\*150.00

Principal Place of Business

4836 SUSANNA WOODS CT  
JACKSONVILLE FL 32217  
US

32257

Mailing Address

P O BOX 895  
PONTE VEDRA BEACH FL 32004-0895  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4836 Susanna Woods CT  
Suite, Apt. #, etc.

3. Mailing Address

P O Box 23022  
Suite, Apt. #, etc.

City & State

Jacksonville FLA

City & State

Jacksonville, FLA

4. FEI Number

59-2903665

Applied For

Not Applicable

Zip

32257

Country

USA

Zip

32241

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEINEMANN, GEORGE BRADLEY  
4836 SUSANNA WOODS CT  
JACKSONVILLE FL 32217  
32257

7. Name and Address of New Registered Agent

Name Steineman George Bradley  
Street Address (P.O. Box Number is Not Acceptable)  
4836 Susanna Woods Court  
City Jacksonville FL Zip Code 32257

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PDST	<input type="checkbox"/> Delete
NAME	STEINEMANN, GEORGE BRADLEY	
STREET ADDRESS	190 VERA CRUZ DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DRUMMOND, WARREN	
STREET ADDRESS	2821 MASQUITE AVE	
CITY-ST-ZIP	ORANGE PARK FL 32065	
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		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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:

BRADLEY STEINEMANN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-2000

Date

904-739-4747

Daytime Phone #