

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

05-19-2002 90030 037 ***150.00

DOCUMENT # P00000071870

1. Entity Name

RICHARD GRAHAM QUALITY HOME SERVICES INC.

Principal Place of Business

1715 W LAKE MARY BLVD
LAKE MARY FL 32746

Mailing Address

1715 W LAKE MARY BLVD
LAKE MARY FL 32746

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1479134

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, SUSAN
1715 W LAKE MARY BLVD
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Susan Graham
Street Address (P.O. Box Number is Not Acceptable)
605 15th St. North

City St. Petersburg

FL

Zip Code
33705

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 Susan Graham President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-24-02

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, 2002 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, SUSAN 1715 W LAKE MARY BLVD LAKE MARY FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Graham, Susan 605 15th St. N. St. Petersburg, FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GRAHAM, RICHARD D 1715 W LAKE MARY BLVD LAKE MARY FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Graham, Richard D 605 15th St. N. St. Petersburg, FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

605 15th ST. N.
St. Petersburg, FL 33705

CR2E034 (9/01)