

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90017 023 \*\*\*158.75

**DOCUMENT # P02000007056**

1. Entity Name  
**G.Q. CLEANING SERVICE, INC.**



Principal Place of Business  
**3131 NW 13 STREET STE 3  
GAINESVILLE FL 32609**

Mailing Address  
**3131 NW 13 STREET STE 3  
GAINESVILLE FL 32609**

**00004041**



2. Principal Place of Business  
**3131 NW 13th St.**

3. Mailing Address  
**P.O. Box 5116**

Suite, Apt. #, etc.  
**3**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Gainesville, Florida**

City & State  
**Gainesville, Florida**

4. FEI Number  
**26 0000 860**

Applied For  
Not Applicable

Zip  
**32609**

Country  
**USA**

Zip  
**32627**

Country  
**USA**

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

**FRASER, MARK J  
527 E UNIVERSITY AVE  
GAINESVILLE FL 32602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BASS, GLORIA  
3524 SW 30 TERR #A35  
GAINESVILLE FL 32608** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
GARRETT, KEN  
3751 SW 20 AVE #1  
GAINESVILLE FL 32608** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DD  
HARMON, JAMES  
4619 NW 39 TERRACE  
GAINESVILLE FL 32606** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
ROBINSON, PAMELA  
260 TURKEY CREEK  
ALACHUA FL 32615** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all power like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**  
**KENNETH E GARRETT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/03**  
Date

**352-373-4104**  
Daytime Phone #

CR2E034 (10/02)