

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2003 8:00 am
Secretary of State

05-05-2003 91794 031 ***150.00

DOCUMENT # P02000021673 (2)

1. Entity Name
QUALITY PAINTING SERVICES, INC.



55047421

Principal Place of Business
6880-46TH AVENUE NORTH
SUITE 240
ST. PETERSBURG FL 33709

Mailing Address
POST OFFICE BOX 10007
LARGO FL 33773

2. Principal Place of Business

8098 91st Terrace N

3. Mailing Address

P.O. Box 10007

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

St. Petersburg, FL

City & State

Largo, FL

4. EEL Number

75-3010797

☒ Applied For

☐ Not Applicable

Zip 33773

Country USA

Zip 33773

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

REED, JOHN W
6880-46TH AVENUE NORTH
SUITE 240
ST. PETERSBURG FL 33709

Name

Reed, John W

Street Address P.O. Box (Number & Not Acceptable)

8098 91st Terrace North

City

St. Petersburg

State

FL

Zip

33773

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

John W Reed

4/30/03

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 P
NAME REED, JOHN W
STREET ADDRESS 6880-46TH AVENUE NORTH, SUITE 240
CITY-ST-ZIP ST. PETERSBURG FL 33709 ☐ Delete

TITLE P
NAME Reed, John W
STREET ADDRESS 8098 91st Terrace North
CITY-ST-ZIP St. Petersburg, FL 33773 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

Daytime Phone #

727-541-7472

CR2E034 (10/02)