

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P02000104751

1. Entity Name
QUALITY LAWN MAINTENANCE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 24 PM 2:15

Principal Place of Business
2956 ROCKAWAY COURT
TAMPA FL 33610

Mailing Address
2956 ROCKAWAY COURT
TAMPA FL 33610



2. Principal Place of Business

2956 ROCKAWAY Ct.
Suite, Apt. #, etc.

3. Mailing Address

2956 ROCKAWAY Ct.
Suite, Apt. #, etc.

REINSTATEMENT 03
☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa, Florida
Zip
33610
Country
USA

City & State
Tampa, Florida
Zip
33610
Country
USA

4. FEI Number
22-3872963

Applied For
Not Applicable

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

MCCALL, GAIL E
2956 ROCKAWAY COURT
TAMPA FL 33610

Name
Street Address (P.O. Box Number is Not Acceptable)
900023313549
09/24/03--01079--018 **750.00
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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 PD
STREET ADDRESS MCCALL, GAIL E
CITY-ST-ZIP 2956 ROCKAWAY COURT
TAMPA FL 33610 ☐ Delete

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

TITLE
NAME VSTD
STREET ADDRESS HAND, TAD DUDLEY
CITY-ST-ZIP 2956 ROCKAWAY COURT
TAMPA FL 33610 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 information.

SIGNATURE *Gail E. McCall* PRESIDENT 7/23/03 (813) 239-1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)