

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000049338

1. Entity Name

QUALITY MAID SERVICES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90422 046 ***150.00

Principal Place of Business

1015 E. SEMORAN
 113
 CASSELBERRY FL 32707
 US

Mailing Address

1007 MCDANIEL CREEK CT.
 OVIEDO FL 32765-5715

2. Principal Place of Business

1007 McDaniel Crk CT
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Oviedo FL

City & State

4. FEI Number

59-3191035

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KANIES, GREGORY R
 1007 MCDANIEL CREEK CT.
 OVIEDO FL 32765

7. Name and Address of New Registered Agent

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.

SIGNATURE

Gregory R Kanies Gregory R Kanies, President

4/19/00

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 \$150.00
After MAY 1, 2000 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

TITLE P
 NAME KANIES, GREGORY R.
 STREET ADDRESS 1007 MCDANIEL CREEK CT
 CITY-ST-ZIP OVIEDO FL ☐ Delete

TITLE S
 NAME KANIES, ANNETTE
 STREET ADDRESS 1007 MCDANIEL CREEK CT
 CITY-ST-ZIP OVIEDO FL ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Gregory R Kanies Gregory R Kanies President

Date

Daytime Phone #

4/19/00 407 306 5216

CR2E034 (9/99)