

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90118 001 ***150.00

DOCUMENT # **P93000049338**

1. Entity Name

Quality Maid Services, Inc

Principal Place of Business

Mailing Address

*1364 Tall Maple Loop
 Oviedo, FL 32765*

*1364 Tall Maple Loop
 Oviedo, FL 32765*

2. Principal Place of Business

1364 Tall Maple Loop
 Suite, Apt. #, etc.

3. Mailing Address

1364 Tall Maple Loop
 Suite, Apt. #, etc.

City & State
Oviedo FL

City & State
Oviedo FL

4. FEI Number

59-3191035

Applied For

Not Applicable

Zip

Country

32765

USA

Zip

Country

32765

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

C0053100

6. Name and Address of Current Registered Agent

*Gregory R Kanies
 1007 McDaniel Creek
 1364 Tall Maple Loop
 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

15 Apr 01

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, 2001 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 *President* ☐ Delete
 NAME *Gregory R Kanies*
 STREET ADDRESS *1364 Tall Maple Loop*
 CITY-ST-ZIP *Oviedo FL 32765*

TITLE *Secretary* ☐ Delete
 NAME *Annette L Kanies*
 STREET ADDRESS *1364 Tall Maple Loop*
 CITY-ST-ZIP *Oviedo FL 32765*

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

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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:

Gregory R Kanies
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

17 Apr 01

Daytime Phone #

407-971-8599

CR2E034 (11/00)