

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073484

1. Entity Name

QUALITY INDUSTRIAL SERVICES, INC.

Principal Place of Business

5200 U.S. HWY. 17 S.
BARTOW FL 33830

Mailing Address

PO BOX 4492
PLANT CITY FL 33564-4492
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3208824

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUNN, GRAHAM
1607 NORTH HALL ROAD
PLANT CITY FL 33565

7. Name and Address of New Registered Agent

Name RANDALL G. GUNN
Street Address (P.O. Box Number is Not Acceptable)
4113 LONGFELLOW DR.
City PLANT CITY FL Zip Code 33567

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 RANDALL G. GUNN D/P

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, 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 DPT
NAME GUNN, GRAHAM
STREET ADDRESS 1607 NORTH HALL ROAD
CITY-ST-ZIP PLANT CITY FL
☒ Delete

TITLE S
NAME GUNN, FAYE S.
STREET ADDRESS 1607 N HALL RD
CITY-ST-ZIP PLANT CITY FL
☐ Delete

TITLE V
NAME GUNN, RANDALL G
STREET ADDRESS 4113 LONGFELLOW DR.
CITY-ST-ZIP PLANT CITY FL 33567
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VST
NAME GUNN, FAYE S.
STREET ADDRESS 1607 N. HALL RD
CITY-ST-ZIP PLANT CITY, FL 33565
☒ Change ☐ Addition

TITLE PD
NAME GUNN, RANDALL G.
STREET ADDRESS 4113 LONGFELLOW DR.
CITY-ST-ZIP PLANT CITY FL 33567
☒ Change ☐ Addition

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

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

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

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 another like empowered.

SIGNATURE:

Faye S. Gunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FAYE S. GUNN

4/6/01

Date

863-533-6579

Daytime Phone #

0616782

CR2E034 (10/00)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90061 007 ***150.00



DO NOT WRITE IN THIS SPACE