## 2002 UNIFORM BUSINESS REPORT (UBR)

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

## Sep 12, 2002 8:00 am Secretary of State DOCUMENT # P94000043030 1. Entity Name 09-12-2002 90065 019 \*\*\*550.00 QUALITY CLEANING SERVICE, INC. Principal Place of Business Mailing Address 7130 RIVER CLUB BLVD 7130 RIVER CLUB BLVD. **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0493350 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERSON, PAMELA K Box Number is Not Acceptate 7130 RIVER CLUB BLVD. **BRADENTON FL 34202** City 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. typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Election Campaign Financing Tax filing requirement and elects to do so \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME PÉTERSON, EDWARD L NAME STREET ADDRESS 7130 RIVER CLUB BLVD. STREET ADDRESS CITY+ST-ZIP **BRADENTON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PETERSON, PAMELA K NAME STREET ADDRESS 7130 RIVER CLUB BLVD STREET ADDRESS CITY-ST-7IP **BRADENTON FL** CITY-ST-ZIP TITLE Delete TITLE Channe\_ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

☐ Delete

☐ Delete

CR2E034 (4/02)

☐ Change

Change

Addition

Addition