FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2002 8:00 am Secretary of State DOCUMENT # P94000077959 1. Entity Name 04-21-2002 90864 045 ***150 QUANTUM LEAP CLEANING SERVICES, INC. Principal Place of Business Mailing Address P.O. BOX 273746 P.O. BOX 273746 TAMPA FL 33688 TAMPA FL 33688 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3278452 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALLAS, MARK E Street Address (P.O Box Number is Not Acceptable) -13035 FLETCHERS-MILL DRIVE TAMPA FL 33619 City ODESSA 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 Signature, 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 \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE DPVS TITLE ☐ Delete Change MACK BALLAS E Address NAME BALLAS, MARK E NAME 23 17501 BROWN STREET ADDRESS 13935 FLETCHERS MILL DRIVE STREET ADDRESS OOESS A CITY-ST-ZIP **TAMPA FL 33613** CITY-ST-ZIP 33556 TITLE ☐ Delete TITLE Change ☐ Addition acdress NAME BALLAS, MARK E NAME BALLAS MARK STREET ADDRESS STREET ADDRESS BEOWN RS 19935 FLETCHERS MILL DRIVE 17501 CITY-ST-ZIP CITY-ST-7IP TAMPA FL-33613 00 & SSA TITLE TITLE ے. Delete کے ع -- Change -- - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE 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.

CHECK TO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: