

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054782

1. Entity Name

INTERNATIONAL QUALITY SERVICES, INC.

Principal Place of Business

Mailing Address

399 SNOW DRIVE
FT. MYERS FL 33919

399 SNOW DRIVE
FT. MYERS FL 33919-3137

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 65-0591922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERICKSON, KENNETH D
3957 BLENHEIM STREET
FT. MYERS FL 33919

Name

ERICKSON, KENNETH D

Street Address (P.O. Box Number is Not Acceptable)

399 SNOW DRIVE

City

FT. MYERS

FL

Zip Code

33919

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME THOMAS, WILLIAM C
STREET ADDRESS 26181 FAIRGROUNDS BLVD.
CITY-ST-ZIP BUSH LA 70431 ☒ Delete

TITLE ST
NAME MANUSCO, ROSS
STREET ADDRESS 10 LA QUINTA DRIVE
CITY-ST-ZIP SLIDELL LA 70458 ☒ Delete

TITLE VP
NAME ERICKSON, KEN
STREET ADDRESS 3957 BLENHEIM ST
CITY-ST-ZIP FT MYERS FL 33919 ☐ 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

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

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

TITLE P/S
NAME ERICKSON, KENNETH D
STREET ADDRESS 399 SNOW DRIVE
CITY-ST-ZIP FT. MYERS, FLORIDA 33919 ☒ 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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90038 020 ***150.00



DO NOT WRITE IN THIS SPACE

01/06/2000

941-466-5818