

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90007 050 \*\*\*150.00

**DOCUMENT # P96000046921**  
 1. Entity Name  
**QUALITY LAWN & LANDSCAPE, INC.**

Principal Place of Business      Mailing Address  
**19236 BAY LEAF CT.**      **19236 BAY LEAF CT.**  
**BOCA RATON FL 33428**      **BOCA RATON FL 33428**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**PO Box 970878**

City & State      City & State  
**BOCA RATON FL**

4. FEI Number      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**65-0675650**            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SKARECKI, SR., ROBERT G**  
**19236 BAY LEAF COURT**  
**BOCA RATON FL 33498**

7. Name and Address of New Registered Agent  
 Name: **Michael R. Titley**  
 Street Address (P.O. Box Number is Not Acceptable): **2000 Glades Rd Suite 208**  
 City: **Boca Raton**      State: **FL**      Zip Code: **33431**

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]*      DATE: **04/23/02**  
Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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  
**PAID**  
**6047**      **4/22/02**  
**\$150.00**

11. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SKARECKI, ROBERT G SR</b>
STREET ADDRESS	<b>19236 BAY LEAF CT.</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>REINECKE, MARY</b>
STREET ADDRESS	<b>19236 BAY LEAF CT.</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>SKARECKI, RALPH V</b>
STREET ADDRESS	<b>19236 BAY LEAF CT.</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>SKARECKI, NICHOLAS A</b>
STREET ADDRESS	<b>19236 BAY LEAF CT.</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>SKARECKI, MARY</b>
STREET ADDRESS	<b>19236 BAY LEAF CT.</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: *[Signature]*      DATE: **4/22/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE